

Healthcare Transformation Collaboratives Cover Sheet



1. Collaboration Name: Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative: Project Upstream

2. Name of Lead Entity: Bobby E. Wright Comprehensive Behavioral Health Center, Inc.

3. List All Collaboration Members:

1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc.
2. Community Counseling Centers of Chicago (C4)
3. Family Guidance Centers (FGC)
4. Habilitative Systems Inc. (HSI)
5. Haymarket Center
6. Heartland Alliance
7. Human Resources Development Institute, Inc. (HRDI)
8. Lutheran Social Services of Illinois (LSSI)
9. Metropolitan Family Services (MFS)
10. Pillars Community Health (PCH)
11. Sinai Health System
12. South Suburban Council on Alcoholism and Substance Abuse

4. Proposed Coverage Area: Cook County Area including - Austin, West Garfield Park, East Garfield Park, Lower West Side, Near West Side, Englewood, West Englewood, Auburn - Gresham, Roseland, Blue Island, South Deering, Hegewisch, South Shore and Harvey

5. Area of Focus: Behavioral Health, Prevention and Social Determinants of Health

6. Total Budget Requested: \$35,591,371.00

Illinois HTC Application Template

<https://www2.illinois.gov/hfs/Pages/htcappinfo.aspx>

HELP AND SUPPORT INFORMATION

Note on work process: We strongly recommend that applicants draft responses to long-form narrative questions locally (i.e., in Microsoft Word) and then copy and paste these responses into Amplifund. Many Amplifund response fields will preserve formatting (e.g., a table, bullet list, or text style) copied from word processing applications, allowing applicants flexibility in how they format their responses.

If you need help or have a question:

- *For guidance on this form, consult the HTC Application Instructions resource.*
- *If you have a question about the subject matter of the application, email HFS.Transformation@illinois.gov before October 15. Questions will not be taken after that date. Check for answers at the HTC FAQs page, which will be updated continuously between October 1 and October 15.*
- *If you need technical support in Amplifund, email support@il-amplifund.zendesk.com with your question.*
- *If you'd like to consult support resources provided by Amplifund: Visit the vendor's support website for user guides, tutorial videos, and other resources. You will have to register a new and separate account to access content on this site.*

Project Information

Application Information

<<Insert Text Here>>

Application Name

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative: Project Upstream

Award Requested

\$35,591,371

Cash Match Requirement

N/A

Cash Match Contributions

\$0

In-Kind Match Requirement

N/

In-Kind Match Contributions

\$0

Other Funding Contributions

\$0

Total Award Budget

\$50,050,672

Primary Contact Information

Dr. Rashad Saafir

Name

Dr. Rashad Saafir

Email Address

[REDACTED]

Address

[REDACTED]

Phone Number



0. Start Here - Eligibility Screen

Note that applications cannot qualify for funding which:

1. fail to include multiple external entities within their collaborative (i.e., entities not within the same organization); or, 2. fail to include one Medicaid-eligible biller.

Does your collaboration include multiple, external, entities?

☒ Yes

☐ No

Can any of the entities in your collaboration bill Medicaid?

☒ Yes

☐ No

Based on your responses to the two questions above, your application meets basic eligibility criteria. You may proceed to complete the remainder of the application.

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

1. Participating Entities

Contact Information for Collaborating Entities





1. What is the name of the lead entity of your collaborative?

Bobby E. Wright Comprehensive Behavioral Health Center, Inc.

2. Please provide primary contact information, secondary contact information, and the Tax ID # of each entity in your collaborative. Please list the lead entity in the top row.

Entity Name	Tax ID # (xx-xxxxxx)	Primary Contact	Position	Email	Office Phone	Secondary Contact	Secondary Contact Position	Secondary Contact Email
Bobby E. Wright Comprehensive Behavioral Health Center, Inc. (BEWCB HC)	[REDACTED]	Rasha d K. Saafir	President/CEO	[REDACTED]	[REDACTED]	Simone Edwards	Chief Financial Officer	[REDACTED]
Community Counseling Centers of Chicago (C4)	[REDACTED]	Patrick Dombrowski	Chief Clinical Officer	[REDACTED]	[REDACTED]	Katherine Maitaha	Controller	[REDACTED]
Family Guidance Centers (FGC)	[REDACTED]	Ron Vlasaty	COO	[REDACTED]	[REDACTED]	Maria Bruni, Ph.D	Senior Vice President	[REDACTED]
Habilitative Systems	[REDACTED]	Dr. Karen Barbe	Chief Operating Officer	[REDACTED]	[REDACTED]	Dona Id J Dew	Chief Executive Officer	[REDACTED]

Inc. (HSI)		e- Dixon						
Haymarket Center		Dan Lustig, PsyD, CAAD C, CODPI I	Preside nt and CEO			Keny atta Cath ey, LCPC, CADC	Vice President of Clinical Services	
Heartla nd Alliance		Joan Liauta ud	Chief Clinical Officer			Ed Stello n	Executive Director	
Human Resourc es Develop ment Institute , Inc. (HRDI)		Eugen e Hump hrey	Executi ve Directo r			Debo rah Parn ell	Director of Clinical Strategy and Nursing	
Luthera n Social Services of Illinois (LSSI)		Julie A. Kovaci n	Executi ve Directo r of Behavi oral Health Service s			Ruth Jajko	Vice President of Perform ance & Growth	
Metrop olitan Family Services (MFS)		Theres a Nihill	Chief Operati ng Officer			Carm en Gonz alez- Djang i	Clinical Director, B ehavioral Health Service	
Pillars Commu nity Health (PCH)		Helen Stewa rt	Senior Executi ve VP			Greg Lee	SVP of Behavioral Health	
Sinai Health System		Cather ine Ortiz	System Directo r			Alma Rojas	Grants Manager	

South Suburban Council on Alcoholism and Substance Abuse		Myron Graham	CEO			Lori Dill	Community Development	

3. Please confirm that you have entered the required information for each entity in the table above, including secondary contact information and Tax ID #.

☒ I confirm

4. Please upload the most recent IRS Form 990 (including Schedule H, if applicable) for all participants in the collaboration. (Note: These 990s will all have to be compiled into a single PDF file.)

We believe that to truly transform health, patients' physical health, behavioral health and social needs must be addressed in a coordinated way within their community. Given this, we are looking for collaborations that represent a broad and meaningful spectrum of the healthcare, behavioral health and social determinants of health delivery system at the community-level.

Please answer the following questions regarding the various entities that would comprise your collaborative. If you are unfamiliar with any key terms on this form, consult the glossary linked below.

1. Are there any primary or preventative care providers in your collaborative?

☒ Yes

☐ No

1A. Please enter the names of entities that provide primary or preventative care in your collaborative.

Sinai Health System

2. Are there any specialty care providers in your collaborative?

☒ Yes

☐ No

2A. Please enter the names of entities that provide specialty care in your collaborative.

1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc.
2. Community Counseling Centers of Chicago (C4)
3. Family Guidance Centers (FGC)
4. Habilitative Systems Inc. (HSI)
5. Haymarket Center
6. Heartland Alliance
7. Human Resources Development Institute, Inc. (HRDI)
8. Lutheran Social Services of Illinois (LSSI)

- 9. Metropolitan Family Services (MFS)
- 10. Pillars Community Health (PCH)
- 11. Sinai Health System
- 12. South Suburban Council on Alcoholism and Substance Abuse

3. Are there any hospital services providers in your collaborative?

- ☒ Yes
☐ No

Note: HFS is seeking to know in which MCO networks each hospital in your collaborative participates.

3A. Please enter the name of the first entity that provides hospital services in your collaborative.

Sinai Health System

3B. Which MCO networks does this hospital participate in?

- ☒ YouthCare
☒ Blue Cross Blue Shield Community Health Plan
☒ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☒ Meridian Health Plan (Former Youth in Care Only)
☒ Molina Healthcare
☒ Aetna BH

3C. Are there any other hospital providers in your collaborative?

- ☐ Yes
☒ No

3D. Please give the name of your second hospital provider here.

N/A

3E. Which MCO networks does this hospital participate in?

- ☐ YouthCare
☐ Blue Cross Blue Shield Community Health Plan
☐ CountyCare Health Plan (Cook County only)
☐ IlliniCare Health
☐ Meridian Health Plan (Former Youth in Care Only)
☐ Molina Healthcare

3F. Are there any other hospital providers in your collaborative?

- ☐ Yes
☐ No

3G. Please give the name of your third hospital provider here.

N/A

3H. Which MCO networks does this hospital participate in?

- ☐ YouthCare
- ☐ Blue Cross Blue Shield Community Health Plan
- ☐ CountyCare Health Plan (Cook County only)
- ☐ IlliniCare Health
- ☐ Meridian Health Plan (Former Youth in Care Only)
- ☐ Molina Healthcare

3I. Are there any other hospital providers in your collaborative?

- ☐ Yes
- ☒ No

3J. Please give the name of your fourth hospital provider here.

N/A

3K. Which MCO networks does this hospital participate in?

- ☐ YouthCare
- ☐ Blue Cross Blue Shield Community Health Plan
- ☐ CountyCare Health Plan (Cook County only)
- ☐ IlliniCare Health
- ☐ Meridian Health Plan (Former Youth in Care Only)
- ☐ Molina Healthcare

3L. Are there any other hospital providers in your collaborative?

- ☐ Yes
- ☐ No

3M. Please give the name of your fifth hospital provider here.

N/A

3N. Which MCO networks does this hospital participate in?

- ☐ YouthCare
- ☐ Blue Cross Blue Shield Community Health Plan
- ☐ CountyCare Health Plan (Cook County only)
- ☐ IlliniCare Health
- ☐ Meridian Health Plan (Former Youth in Care Only)
- ☐ Molina Healthcare

3O. If there are any other hospitals in your collaborative, please list them all here, together with a list of MCO networks which each participates in.

N/A

4. Are there any mental health providers in your collaborative?

- ☒ Yes
- ☐ No

4A. Please enter the names of entities that provide mental health services in your collaborative.

1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc.
2. Community Counseling Centers of Chicago (C4)
3. Family Guidance Centers (FGC)
4. Habilitative Systems Inc. (HSI)
5. Haymarket Center
6. Heartland Alliance
7. Human Resources Development Institute, Inc. (HRDI)
8. Lutheran Social Services of Illinois (LSSI)
9. Metropolitan Family Services (MFS)
10. Pillars Community Health (PCH)
11. Sinai Health System
12. South Suburban Council on Alcoholism and Substance Abuse

5. Are there any substance use disorder services providers in your collaborative?

☒ Yes

☐ No

5A. Please enter the names of entities that provide substance abuse disorder services in your collaborative.

1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc.
2. Community Counseling Centers of Chicago (C4)
3. Family Guidance Centers (FGC)
4. Habilitative Systems Inc. (HSI)
5. Haymarket Center
6. Heartland Alliance
7. Human Resources Development Institute, Inc. (HRDI)
8. Lutheran Social Services of Illinois (LSSI)
9. Metropolitan Family Services (MFS)
10. Pillars Community Health (PCH)
11. Sinai Health System
12. South Suburban Council on Alcoholism and Substance Abuse

6. Are there any social determinants of health services providers in your collaborative?

☒ Yes

☐ No

6A. Please enter the names of entities that provide social determinants of health services in your collaborative.

1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc.
2. Community Counseling Centers of Chicago (C4)
3. Family Guidance Centers (FGC)
4. Habilitative Systems Inc. (HSI)
5. Haymarket Center
6. Heartland Alliance
7. Human Resources Development Institute, Inc. (HRDI)
8. Lutheran Social Services of Illinois (LSSI)
9. Metropolitan Family Services (MFS)
10. Pillars Community Health (PCH)
11. Sinai Health System
12. South Suburban Council on Alcoholism and Substance Abuse

7. Are there any safety net or critical access hospitals in your collaborative?

☐ No

Sinai Health System

☐ No

<ol style="list-style-type: none"> 1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc. 2. Habilitative Systems Inc. (HSI) 3. Human Resources Development Institute, Inc. (HRDI) 4. South Suburban Council on Alcoholism and Substance Abuse

[illegible]

[illegible]

100

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]

10. Below are high-level descriptions of project types that appeared in the Transformation funding statute. Check any that apply to your project; if none apply, please provide a brief description of what kind of entities comprise your collaboration. (This question is informational only and will not affect your eligibility).

- ☐ Safety Net Hospital Partnerships to Address Health Disparities
- ☐ Safety Net plus Larger Hospital Partnerships to Increase Specialty Care
- ☐ Hospital plus Other Provider Partnerships in Distressed Areas to Address Health Disparities (led By Critical Area Hospitals, Safety Net Hospitals or other hospitals in distressed communities)
- ☐ Critical Access Hospital Partnerships (anchored by Critical Area Hospitals, or with Critical Area Hospitals as significant partners)
- ☒ Cross-Provider Care Partnerships Led By Minority Providers, Vendors, or Not-For-Profit Organizations
- ☒ Workforce Development and Diversity Inclusion Collaborations
- ☐ Other

10A. If you checked, "Other," provide additional explanation here.

N/A

[10A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

2. Project Description

Brief Project Description

1. Provide an official name for your collaboration. **NOTE: Please ensure that this name matches the name given in the "Application Name" field in the Project Information form at the beginning of the application.**

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative: Project Upstream

2. Provide a one to two sentence summary of your collaboration's overall goals.

Through a Comprehensive Continuum of Trauma Response and Prevention model, we intend to impact the prolonged effects of systemic racism and trauma in Chicago and Cook County's historically underserved communities. Using a strength-based approach, we plan to close the loop on the continuum of care by preventing the spread effect of trauma and its downstream consequences at the neighborhood level through outreach, education, and prevention strategies.

Detailed Project Description

Provide a narrative description of your overall project, explaining what makes it transformational.

Specify your service area, identify the healthcare challenges it faces, and articulate your goals in addressing these challenges; explain your strategy and how it addresses the causes of these challenges, and lay out the expected timeframe for the project.

Describe any capital improvements, new interventions, delivery redesign, etc. Your narrative should explain the need for each significant item in your budget, clarifying how each connects to the overall goals and operations of the collaboration.

Provide your narrative here:

Needs Statement

Throughout Chicago and Cook County's history, Black and Latinx neighborhoods have experienced significant disinvestment compared to their white counterparts. The downstream effects of racist policies such as redlining, exclusionary zoning, and mass incarceration have continued the inequities that burden these neighborhoods today¹. According to a report by the Urban Institute, in 2017 Chicago had higher than a 30-percentage point gap between Black and white homeownership². The intergenerational wealth gap coupled with historic disinvestment have resulted in neighborhoods that lack the resources needed to thrive. Lack of access to healthcare, proliferation of food deserts, meager transportation options, and lack of affordable housing all contribute to environments that negatively impact the health and wellness of residents. The impact of these social determinants can be seen in the health outcomes data for our target communities. The priority zip codes listed in Year 1 of the grant period (see *Community Service Areas*) have been defined as having the greatest concentration of social vulnerability to health inequities and poor health outcomes in Illinois³. The trauma experienced by these neighborhoods span generations, the symptoms of which we see today.

According to the Transformation Data & Community Needs Report, the location of our priority zip codes in West Chicago, South Chicago, and South Cook County have also demonstrated need for behavioral health intervention services. These areas are impacted by "place stratification," in which institutional factors such as structural racism prevent minorities, namely black and brown residents, from using their socioeconomic means to access communities with greater resources and opportunities. High quality primary and behavioral healthcare is vital but under supported in the United States. In communities with more primary and behavioral health care resources, people live longer, healthcare costs are lower, and there is greater health equity than in areas with less primary and behavioral healthcare infrastructure⁴. In each of these three priority areas, the rates of mental illness and substance use disorder are disproportionately high. In South Chicago, West Chicago, and South Cook, mental illness and substance use disorders were the most frequent and resource-intensive hospitalizations, with resource intensiveness defined here as early hospital readmissions⁵.

As of October 7th, 2021, the Cook County Board President and the Cook County Board of Commissioners in collaboration with Cook County Health and the Cook County Department of Public Health declared **mental health a public health crisis in Cook County**. According to data collected by the Chicago Department of Public Health, in 2018, roughly 54,000 people received behavioral health treatment while in 2020 there were over 68,000 people who received behavioral health treatment, accounting for a 26% increase in comparison to individuals who have received treatment in 2018. Whereas, in 2019 Cook County Health and the Behavioral Health Consortium provided care for approximately 8,700 patients in need of mental health services, while in the first two quarters of 2021 that number is 8,695 which is on pace for a more than 100% increase from the previous years' numbers. And, according to the Cook County Medical Examiner's office there has been an average of 475 deaths per year by suicide since 2017. With roughly 329 deaths recorded for 2021, Cook County is currently on pace to reach the previous years' average.

The same high-risk communities in Chicago and Cook County that are impacted by social and economic inequities are also plagued by gun violence. Therefore, Black and Latinx neighborhoods are disproportionately impacted by gun violence and experience the adverse health effects that accompany these violent events. Many times, the inequities faced by these neighborhoods are the root of community gun violence. On November 1st, 2021, Governor Pritzker declared gun violence a public health crisis and dedicated \$250 million to implementing data-driven, community-based violence prevention initiatives. In 2021 on the West Side alone, there have been 903 shooting incidents⁶. The need for the mental health community to lead prevention and intervention efforts has never been more apparent, as the historical and ongoing trauma faced by our communities requires immediate attention.

As such, a robust behavioral health workforce is necessary to provide the level of service needed to promote healing environments in our communities. Behavioral health workforce shortages have been a major concern for Illinois for many years, however there is now a greater sense of urgency as the demand for behavioral health

services grows. Over 4.8 million Illinoisans (38%) live in a designated mental health shortage area; community behavioral health centers spend months to fill vacancies for psychologists and social workers; and waitlists for services at understaffed agencies stymie attempts to divert individuals from criminal justice involvement or prevent manageable behavioral health symptoms from becoming disabling conditions⁷. Therefore, substantial training, social support, and professional development opportunities are necessary for building out and maintaining a consistent workforce.

Who We Are: The Behavioral Health Consortium

The **Behavioral Health Consortium of Illinois, LLC (BHC)** includes providers of mental health and substance use disorder services for both adult and youth populations. Through its member organizations, individuals have access to a robust continuum of community-based outpatient and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC created a Governance infrastructure prior to the development of this proposal and work collaboratively and equitably across all partners. In addition, these partners are keenly familiar with each other and are invested in the success of each of their organizations to ensure that patients and communities receive the right care, at the right place at the right time. Each of these organizations are committed to working together to ensure that the needs are met in the communities they serve.

The purposes of the BHC is: (a) to operate a network of clinically-integrated behavioral health service providers in Cook County and its surrounding communities who serve as preferred providers to CountyCare and other third-party payors; (b) to share best practices and promote evidence based practice for the provision of high quality behavioral health services; (c) to achieve efficiencies among the member organizations; and (d) to provide behavioral health services over a broader continuum of care inclusive of the social determinants of health. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness.

The BHC has come together to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative: Project Upstream**. Through a Comprehensive Continuum of Trauma Response and Prevention model, we intend to impact the prolonged effects of systemic racism and trauma in Chicago and Cook County's historically underserved communities. Using a strength-based approach, we plan to close the loop on the continuum of care by preventing the spread effect of trauma and its downstream consequences at the neighborhood level through outreach, education, and prevention strategies. High quality primary and behavioral healthcare is vital but under supported in the United States. In communities with more primary and behavioral health care resources, people live longer, healthcare costs are lower, and there is greater health equity than in areas with less primary and behavioral healthcare infrastructure⁸.

The Behavioral Health Consortium members currently include:

Bobby E. Wright Comprehensive Behavioral Health Center, Inc.

¹ Sampson RJ. (2012). *Great American city: Chicago and the enduring neighborhood effect*. University of Chicago Press.

² Choi, Jung Hyun, et al. Urban Institute, 2019, Explaining the Black-White Homeownership Gap: A Closer Look at Disparities across Local Markets. Accessed 10 Nov. 2021.

³ University of Illinois at Chicago, 2021, Transformation Data and Community Needs Report. Accessed 10 Nov. 2021.

⁴ National academy of sciences, engineering and medicine. 2021

⁵ University of Illinois at Chicago, 2021, Transformation Data and Community Needs Report: South Chicago. Accessed 10 Nov. 2021.

⁶ Chicago Police Department (2021). Crime Statistics.

⁷ Post, Sharon, Paterson Healthcare Writing & Research LLC, 2019, Behavioral Health Workforce Education Center Task Force Report. Accessed 10 Nov. 2021.

⁸ National academy of sciences, engineering and medicine. 2021

For the past 48 years, the **Bobby E. Wright Comprehensive Behavioral Health Center, Inc. (BEW)** has provided a broad array of community focused, culturally sensitive mental health, substance abuse and developmental disabilities services to the greater Westside concentrating on the communities of East and West Garfield Park, Austin, and North and Lawndale within the City of Chicago. These are communities that are known to be underserved and characterized by high unemployment (i.e. median annual income of approximately \$17,000.00), high rates of substance abuse, and high utilizers of hospital emergency room services, housing and food insecurity, and high unemployment. Mental health, substance use disorders (youth and adult, level 1 and 2), and developmental disabilities services are provided to individuals through several integrated clinical programs which include PATH case management services for individuals who are homeless, intake, psychiatric/medical services, adult outpatient, case coordination, community support team, individual placement and supportive employment program, psychosocial rehabilitation, supported residential, supervised residential and the Peaceful Beginnings Drop-In Center which was established in 2015. During 2018, the Bobby E. Wright Comprehensive Behavioral Health Center, Inc. entered a partnership agreement with Habilitative Systems, Inc. (HSI) to operate the Community Triage and Wellness Center that is a designated police Drop-off Site for persons with SMI/SUD and provides crisis stabilization and support services to residents of the East & West Garfield Park, Austin as well as North and South Lawndale communities. Additionally, we provide transitional services to individuals who are re-entering the community from Illinois Department of Corrections and state operated psychiatric hospitals (SOPH) (primarily Madden) that includes transitional and permanent supported housing. Trauma informed therapy is provided within our youth and family services program. Street outreach for persons with SUD/OD is provided by a team of staff who are persons with lived experience (PWLE). Pharmacy services are also provided on-site

Community Counseling Centers of Chicago (C4)

Community Counseling Centers of Chicago (C4) is a behavioral health advocate and social service provider, offering quality, comprehensive customer-oriented services tailored to the diversity of its consumers. We provide counseling and support services to more than 7,000 at-risk children, adults, and families each year and are the largest provider of community mental health services for youth on the West Side of Chicago and the largest provider of SASS/MCR services in Chicago. C4 services are provided to some of Chicago's most vulnerable residents; 100% are low-income, with 80% of our revenues coming from Medicaid. We believe in "building strength in community" by partnering with the entire community to help its members live better and thrive. C4 Chicago has, for 50 years, partnered with Chicago's most underserved and at-risk populations, enabling them to live, work and thrive in their communities. A pioneer in the notion of community-based care, C4's vision is to be essential to the well-being of the communities we serve, providing much of our services in the community.

Family Guidance Centers, Inc. (FGC)

Family Guidance Centers, Inc. (FGC) is one of Illinois' largest providers of behavioral health services, delivering substance use disorder (SUD) and mental health (MH) services to over 5,000 clients daily. Serving the most at-risk communities in Chicago since 1969, FGC provides patient-centered, individualized care, including medication assisted treatment (MAT) services using all three FDA-approved medications for the treatment of opioid use disorder. FGC strives to impact the health disparities that limit access to care, with over 95% of FGC's patients having their treatment services funded by the State and Federal Government, including Medicaid.

Habilitative Systems, Inc. (HSI)

Habilitative Systems, Inc. (HSI) is a 501c3 mission-driven, multi-faceted behavioral health and human service agency established to alleviate human suffering by developing and providing resources to promote dignity, self-sufficiency, and empowerment for humanity. The organization uses a comprehensive multi-tiered approach that engages prevention, intervention, treatment, research, and care management to build healthy communities. Founded in 1978 by a small faith-based group of concerned community leaders, HSI has a strong history of helping vulnerable, low-income people who face a wide variety of adverse health and social outcomes, which include, but

are not limited to homelessness, substance abuse, mental illness, and developmental disabilities. Our core services are segmented into four categories: residential services, employment and training, children and family services, and behavioral health. In addition, HSI has a long history of collaborative leadership and involvement that includes: infant mortality reduction, HIV/AIDS prevention, deinstitutionalization of people with disabilities, welfare to work, governor's African American Family Commission, Behavioral Health Consortium, Westside Community Triage and Wellness Center and Counting on Chicago Coalition – 2020 Census. HSI has constructed 160 units of housing for seniors and people with disabilities and been accredited by the Commission on Accreditation of Rehabilitation Facilities since 1991.

Haymarket Center

Haymarket Center is Chicago's largest center providing treatment of mental health and substance use disorders, serving 12,000 individuals per year. Founded in 1975 by the late Monsignor Ignatius McDermott and Dr. James West, McDermott Center dba Haymarket Center is the largest not-for-profit community-based adult detoxification, residential, and outpatient substance use treatment facility in Chicago. Haymarket Center has continued to grow into a comprehensive alcohol and other drug treatment organization, licensed by the state of Illinois, which receives funding from the private sector, as well as city, county, state and federal agencies. The treatment programs are accredited by the Commission on Accreditation for Rehabilitation Facilities (CARF).

Heartland Alliance Health (HAH)

Heartland Alliance Health (HAH) is a federally qualified health center with clinics located in Uptown, Englewood, and the West Loop. More than 75 percent of our participants are homeless, many living with multiple chronic mental and physical illnesses. HAH also delivers care at shelters and community settings through medical outreach teams. HAH provides participants with preventative care, urgent care for acute illness and on-going primary care and disease management for chronic conditions.

Human Resources Development Institute (HRDI)

Human Resources Development Institute (HRDI), a community Mental Health Center, provides a comprehensive array of behavioral health services. These include traditional outpatient mental health services, psychiatry, community psychiatric services for the SMI population and child and adolescent community and school-based services. Substance use disorder treatment options range from traditional outpatient services to long term residential services. All FDA approved options for medication-assisted treatment are available. Social determinants of health are addressed in HRDI's family case management, school-based prevention services and housing programs. Licensed by Illinois' Division of Mental Health and Substance Use Prevention and Recovery. Current CARF certification.

Lutheran Social Services of Illinois (LSSI)

Serving Illinois since 1867, **Lutheran Social Services of Illinois (LSSI)** is a nonprofit social service organization of the three Illinois synods of the Evangelical Lutheran Church in America (ELCA). LSSI is one of the largest statewide social service providers. The organization provides critical programs for over 50,000 Illinois residents each year, including foster care, mental health services, alcohol and drug treatment, affordable senior housing, residential programs for people with developmental disabilities, and services that help families who have been impacted by incarceration.

Metropolitan Family Services (MFS)

As one of the largest and most respected not-for-profits in Illinois and the Chicago Metropolitan Area, **Metropolitan Family Services (MFS)** has served Chicago and its suburban communities for over 165 years. MFS's mission is to provide and mobilize the services needed to strengthen families and communities. MFS is accredited

by the Council on Accreditation. The agency uses a community-centered service delivery model, concentrating resources in over 70 communities within Chicago, suburban Cook and DuPage counties and impacting over 130,000 individuals annually. MFS as an agency brings a family-focused approach to service delivery, providing wrap around supports for its clients that address four strategic service areas: education - early childhood education and out-of-school time programs; emotional Wellness – behavioral health, adoption preservation and youth development; economic stability - workforce development, education, and training services; and empowerment - domestic violence programs, legal aid services, housing services, and community violence reduction, intervention and prevention programs. The agency uses evidence-based treatment practices and curricula to ensure continued program/direct service success. MFS has administrative capacities and expertise to support continued direct service excellence including its internal departments specifically for outcomes, evaluation data collection, staffing/professional development, electronic health records, technology, finance/fiscal reporting, marketing/ communications and development. MFS also emphasizes data driven practices/results to inform service delivery and continuous quality improvements. MFS has integrated trauma-informed practices since 2011 throughout its programs' screening/assessment and intervention strategies.

For its behavioral health programs, MFS uses evidence-based practices and the recovery-based model with capacity to address individual/family needs across the continuum of care which includes a mobile crisis response system of care as well as outpatient services such as individual and group therapy, intensive case management, community support and psychiatry to help clients achieve recovery-based life goals and move towards self-sufficiency and empowerment. MFS's holistic approach helps build on individual strengths and capacity for change. In addition to out-patient MH services which are provided both in person, in the community, and virtual and mobile crisis system of care, MFS also offers a Drop-In Center, supports implementation of Williams-Colbert, provides mental health services to youth in the juvenile justice system, and operates two CILAs (a supported, shared apartment living arrangements for adults with mental illness). MFS services are available to clients across the life span dealing with life events that cover a wide array of trauma in the areas of loss and abuse which may be precursors and/or consequences to mental health issues.

Pillars Community Health (PCH)

Pillars Community Health (PCH) is both a Federally Qualified Health Center (FQHC) and CARF-accredited Community Mental Health Provider, providing care through 3 service lines: 1) Health Center (primary medical, dental, integrated behavioral health), 2) Community mental health and substance use disorders, and 3) Domestic and Sexual Violence. We also provide benefits assistance and prevention/health education and outreach.

PCH programs are rooted in provision of equitable and respectful quality care, and is responsive to the diversity of language, culture and experiences of clients and staff. With a target population that is largely Latine and communities that include Eastern European and Arab immigrants, addressing linguistic isolation is a key factor in providing culturally competent care. Linguistic isolation can be a factor not only in treating illness, but also in patients identifying and sharing their own risk factors for chronic conditions such as physical inactivity, excessive alcohol consumption, and mental health concerns. Bilingual patient education materials are used to reinforce the information and PCH staff tailor patient education programs to be culturally and linguistically appropriate. Over 80% of Health Center staff and approximately 50% of our behavioral health staff is bilingual and many positions require lived experience.

Sinai Chicago

Sinai Chicago is comprised of Mount Sinai Hospital, Holy Cross Hospital, Schwab Rehabilitation Hospital, Sinai Medical Group, Sinai Community Institute, and Sinai Urban Health Institute. The entities of Sinai Health System collectively deliver a full range of quality inpatient and outpatient services, as well as many innovative, community-based health, research and social service programs. Since 1919, Sinai has worked to create a health care system where the community and an individual's beliefs, values, and needs are respected and where their languages and cultures are welcomed. Sinai's mission is "to improve the health of the individuals and communities

we serve”; its vision is to “become the national model for the delivery of urban health care.” System values include respect, integrity, quality, teamwork, and safety. We serve predominantly African American and Latinx communities in the west side, southwest side, and some north and south communities covering many HRSA designated geographic, primary care, health professional and low-income areas.

Sinai Behavioral Health and its two certified Community Mental Health Clinics (CMHCs) at Mount Sinai and Holy Cross Hospitals are committed to the development of an integrated behavioral health service line available to any patient accessing our system anywhere. The integrated delivery model is aimed at restoring and enhancing the quality of lives and reducing overall costs of healthcare. Sinai works to develop evidence-based solutions to gaps in service, address community issues like trauma and violence, and raise awareness about behavioral health and its impact on the health of our communities. We provide services with a trauma-informed lens of care and partner with various partners throughout the city and state.

Our behavioral health program encompasses two adult inpatient units – a 28-bed unit at Mount Sinai Hospital and a 24-bed unit at Holy Cross Hospital (each a certified CMHC); outpatient therapy; adult and youth BH programs for the deaf or hard of hearing; Mobile Crisis Response; SBIRT for opioid use disorder patients; mental health assessments that individualize care; medication monitoring; and rehabilitation group therapy sessions to reduce psychiatric symptoms and promote community integration. Our service continuum includes immediate face-to-face crisis assessment; individual, group and family counseling; access to diagnosis and treatment recommendations; and medication management as indicated. Screening and linkage to psychiatric inpatient services, linkage to hospital emergency room service, and referral and linkage to continuing mental health, medical and other services are also provided

South Suburban Council on Alcoholism and Substance Abuse (Council)

The **Council** is a community-based behavioral health organization that is centrally located in southern Cook County and has been providing SUD services to lower socioeconomic population for over 50 years. All SUD programs have been accredited by the Joint Commission since 1999. Services include the following ASAM levels of care: Level 3.2 W-M; Level 3.5 Residential; Level 3.5 Residential Crisis stabilization; Level 2.1 Intensive Outpatient; Level 1.0 Basic Outpatient and Intermediate Counseling; Level .5 Early Intervention DUI Services, including Level 1 DUI Risk Education; Level 2 Moderate; Level 2 Significant; Level 3 High Risk. All SUD programs are clinically managed, but are also highly supported by physicians, including psychiatrists and nursing staff. All SUD programs are *co-occurring* capable and three programs are *co-occurring enhanced*. (Residential Crisis Stabilization, Co-Disordered IOP, and Co-Disordered Basic OP) The South Suburban Council is handicap accessible and does not deny access to service because of a proven inability to pay.

Healthcare Transformation Proposal Purpose: Treating the Neighborhood

The **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative: Project Upstream**, through a Comprehensive Continuum of a Mobile Trauma Response and Prevention model, intends to impact the prolonged effects of systemic racism and trauma in Chicago and Cook County’s historically underserved communities. Using a strength-based approach, we plan to close the loop on the continuum of care by preventing the spread effect of trauma and its downstream consequences at the neighborhood level through outreach, education, and prevention strategies. The goal of this initiative is to move away from a trauma reactive system of care and toward neighborhood-based trauma informed interventions using a community-based collaborative approach.

Filling the Gaps: Program 590 Crisis Care System & Medicaid Billable Services

We are proposing an innovative, community first approach to help fill the gaps in outreach, education, and prevention in our high-risk neighborhoods. This program will be the connective tissue that 1) provides subclinical individuals with the education and services necessary to prevent chronic behavioral conditions from forming, with the goal of preventing another generation of high utilizers and poor health outcomes and 2) give people immediate access to care and treat the social determinants of health that keep people locked into intergenerational poverty. A major goal of this proposal is to engage people **before they have clinical need**, and to build strong trusted relationships with the community to engage those who have been impacted by exposure to traumatic events sooner in behavioral health services as needed. Resources that currently exist support crisis care and help those who effectively connect to services.

Program 590 Crisis Care System

The Illinois Department of Human Services, Division of Mental Health 590 grant program currently supports mobile crisis response teams to provide services for individuals experiencing mental health crises in the community. The 590 funding is new, funding awards started 7/1/2021. This proposal aims to take this one step further to create a full circle continuum of care not just for the individual experiencing crises, but by providing wraparound services to those who may have been directly or indirectly impacted by a crisis event as well as engage communities sooner to prevent crisis and to foster healing. Additionally, in the current 590 crisis care system, there is no support for SUD/OD mobile crisis response teams or mobile services. Our model will fill this gap with the Mobile Medication First unit operated by BHC member Family Guidance Centers (see description in *'Model: Outreach, Education, Prevention'*).

Medicaid Billable Services

Through hundreds of years of combined experience providing services in vulnerable communities, we are aware of the stigma around mental health in our high-priority neighborhoods. Targeted outreach and education to schools, faith-based institutions, and other community partners is a crucial component in creating open conversation around mental health and addressing trauma itself, rather than treating its downstream symptoms (SMI, SUD). This proposal creates a comprehensive system of care by filling the gap that exists regarding outreach, education and preventative community engagement. Providing outreach and engagement by the system providers will create stronger linkages that will increase earlier utilization of behavioral health services, when needed, decreasing high system users, and strengthening population health by zip code. The proposed model focuses on individuals within the context of their communities. Under Rule 140, the core components of our program: outreach, education, and prevention around SUD and mental health are **not billable services under Medicaid**, though they are essential to begin healing communities.

Community Service Areas:

- **Phase 1 (Year 1):** BHC members have identified a zip code(s) to start the program in year one. Zip codes of high need in the Chicagoland area have been added based on each of the provider's existing community relationships. (see Exhibit 2.1 attached)
- **Phase 2 (Year 2-5):** The service-area will be expanded to priority zip codes (as identified by both HFS and BHC member organizations) in the Chicagoland area. For each subsequent year, the service area for each organization will be expanded to additional priority zip codes, while continuing to serve the zip codes identified in prior years. (see Exhibit 2.2 attached)

Year 1				
<u>Organization</u>	Priority Zip Code(s)			
<i>Bobby E. Wright</i>	60624			
<i>C4</i>	60622, 60612			
<i>Family Guidance Centers</i>	60608			
<i>Habilitative Systems</i>	60644			
<i>Haymarket Center</i>	60607			
<i>Heartland Alliance</i>	60621, 60636, 60620			
<i>HRDI</i>	60628			
<i>Metropolitan Family Services</i>	60406, 60617, 60633, 60649			
<i>Pillars Community Health</i>	*n/a			
<i>Sinai Health System</i>	60608			
<i>South Suburban Council</i>	60426			
*will begin in Year 2				
	Year 2	Year 3	Year 4	Year 5
<u>Organization</u>	Priority Zip Code(s)	Priority Zip Code(s)	Priority Zip Code(s)	Priority Zip Code(s)
<i>Bobby E. Wright</i>	60612	60623	60651	60644 or 60608
<i>C4</i>	60624, 60644	60651, 60618, 60659	60660, 60640, 60613, 60657	60647, 60626, 60645, 60614, 60661
<i>Family Guidance Centers</i>	60621	60606	60612	60608
<i>Habilitative Systems</i>	60644	60624	60651	60636
<i>Haymarket Center</i>	60624, 60644	60651, 60623	60612, 60651	60620, 60619, 60666
<i>Heartland Alliance</i>	60609	60615	**TBD	**TBD
<i>HRDI</i>	60621	60615	60620	60629

<i>Metropolitan Family Services</i>	60628			
	60619			
	60643			
	60827			
	60617			
	60621			
	60472			
	60827			
	60453	*n/a	*n/a	*n/a
	60456			
	60415			
	60457			
	60465			
	60639			
	60641			
	60634			
	60647			
	60202			
	60076			
	60201			
<i>Pillars Community Health</i>	60501	60402	**TBD	**TBD
<i>Sinai Health System</i>	60623	60629	60609	60632
<i>South Suburban Council</i>	60411	60429	**TBD	**TBD
<p><i>**continuing with Year 1-2 zip codes</i></p> <p><i>**priority zip code will be determined as initiative is solidified and needs arise in service communities</i></p>				

Target Population:

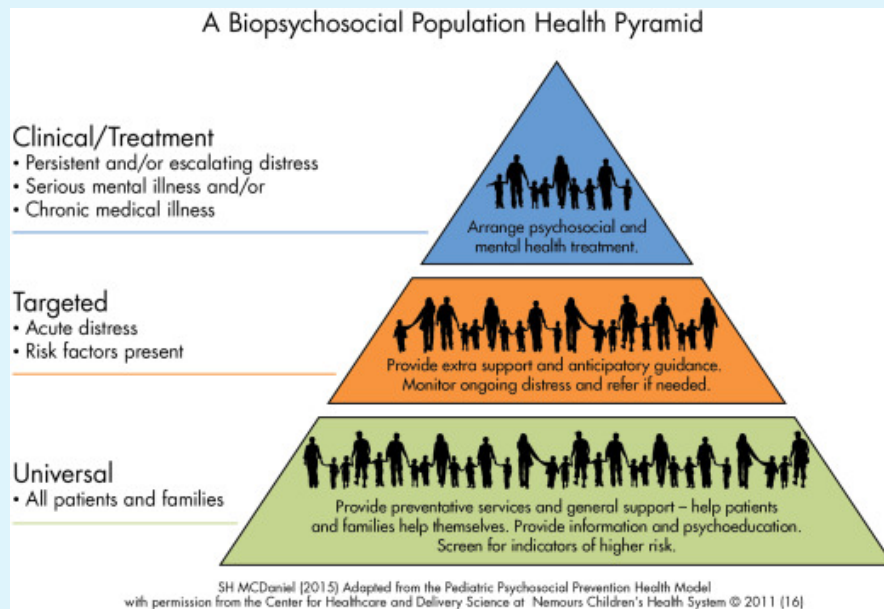
Communities that have directly or indirectly been exposed to violence or crises in our target zip codes, including youth and adult populations. Specifically, we will be providing services to community members who do not qualify for clinical supports, though still require wraparound services to address unresolved trauma.

Communities who have directly or indirectly been exposed to violence or crisis also see higher rates of co-occurring MH/SUD. The BHC is uniquely qualified to address this as many of our consortium members are located in those communities. These supports will include direct service provision from the Mobile Trauma Response Unit (MTRU), as well as tools and training to community entities such as schools, community organizations, faith-based institutions, and primary care facilities to educate their members and link them to services. Should we identify individuals with clinical need, we will provide connectivity to care through our 12 BHC member organizations. In addition, utilizing a population health approach, outreach, education and engagement will be conducted with community stakeholders in the zip codes of focus, utilizing a neighborhood healing approach.

Model: Outreach, Education, Prevention**Mobile Trauma Response Unit (MTRU)**

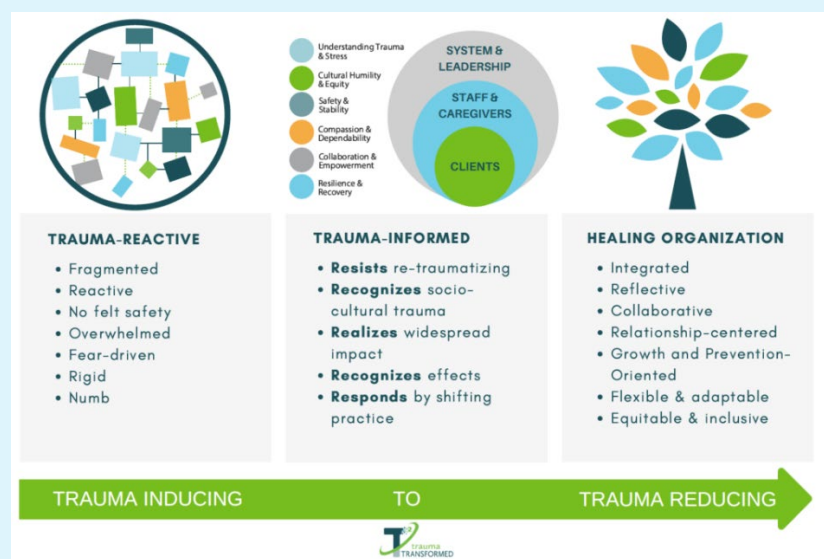
The MTRU will be comprised of 11 different teams across 11 BHC member organizations. BHC members will hire six Community Health Workers (CHWs) and one Manager (LPHA) to build out their team (with the exception of Heartland Alliance, who will hire one specialized Coordinator with a focus on the homeless population). Each team will be activated according to specific needs that arise in each member's priority communities. The MTRU will be activated following a crisis event (community violence, mental health crisis, substance use crisis, etc.) to provide wraparound services for community members who were directly or indirectly affected by the incident. The types of services provided will be tailored in response to the location and kind of crisis event or identified community need. Services may include screening for trauma, community engagement, SDOH needs assessments, referrals to care, mental health stigma reduction and other educational activities. Additionally, CHWs many who will be people with lived experience (PWLE) will provide psychoeducational support to parents to aid in the early identification of behavior/symptoms that may result from exposure to traumatic events. The goal of the MTRU is to address trauma in real time as it occurs in the community as well as provide outreach, education and engagement in the zip codes of focus. The MTRU will be a resource to the entire neighborhood- individuals, families, schools, churches, law enforcement- to provide support in the face of a traumatic event. This approach aims to address trauma before it manifests into more severe downstream diagnoses, such as severe mental illness and/or substance use disorder. In addition to responding to crisis events, the MTRU will lead other outreach engagement events in the community to promote mental health awareness and education.

The three levels of preventive services (Universal, Targeted, and Clinical/Treatment) will be determined based on individual need. Individuals who are subclinical fall under the Universal level of preventive services, those who are symptomatic will receive Targeted preventive services, and those experiencing MI/SUD and need linkage to crisis stabilization will receive Clinical/Treatment services. (see Exhibit 2.3 attached)



Community Engagement- *Outreach*

The overall goal of this initiative is to provide early detection and intervention for trauma related behavioral health problems in order to prevent the development of chronic disease processes within neighborhoods. Robust community engagement, utilizing CHWs and PWLEs will reduce mental health stigma and create opportunities for healing within the target communities. The MTRU model is designed to move away from a trauma reactive system to a healing organization (see Exhibit 2.4 attached). The BHC will provide the infrastructure, through its long-standing collaboration of 12 community-based organization, to facilitate the transformation of how communities respond to traumatic events. Outreach and engagement will build upon the vast array of relationships that the BHC has formed with other community-based organizations but will reach directly into the homes of those most affected.



(Trauma Transformed, 2018)

In each of our target zip codes, the MTRU will be a clear resource for faith-based leaders, educators, criminal justice partners, and medical providers to provide culturally sensitive services that address various levels of trauma in the community and associated needs surrounding the social determinants of health. In addition, we will conduct educational events and deploy hyperlocal communications campaigns to communities. In this neighborhood-centric approach, we will plan to collaborate with:

System Collaborators:

CHICAGO POLICE DEPARTMENT (CPD)

Coordinate with CPD to identify crisis events and assess for community-level needs.

JUSTICE SYSTEM PARTNERS

Coordinate with justice system partners (courts, State's Attorney, Public Defender, Justice Advisory Council, etc.).

TASC, CENTER FOR HEALTH AND JUSTICE

Consult with TASC to utilize best practices for diversion and linkage to care.

MEDICAID MANAGED CARE ORGANIZATION (MCOs)

Partner with MCOs to create sustainability of this work.

Community-Level Collaborators:

COMMUNITY-BASED ORGANIZATIONS (CBO)

Connect with block clubs and other local organizations to conduct community healing trainings and outreach events focused on mental health education and awareness.

EXISTING ORGANIZED COLLABORATIVES

Connect with existing collaboratives (ex. Austin Coming Together, North Lawndale Community Coordinating Council, West Side Opioid Task Force, etc.) to conduct community healing trainings and outreach events focused on mental health education and awareness.

FAITH-BASED ORGANIZATIONS (FBO)

Connect with FBOs to provide education around mental health to their congregations and provide linkage to services to members in need.

PRIMARY CARE PROVIDERS (PCP)

Provide resources to PCPs in the community to connect their patients to behavioral and social services provided by BHC.

SCHOOLS

Conduct ACES screening in schools to assess for trauma exposure in students and provide linkage to resources.

BHC Training Institute (The Institute)- *Education*

ENGAGEMENT, HEALING, TRANSFORMATION, PURPOSE

In the current behavioral health workforce landscape, the rate of burn out and attrition is outpacing the rate of hiring. According to a recent workforce report by the Illinois Partners for Human Service, the [human services]

sector is collectively experiencing increased workforce challenges with record levels of vacancies, turnover, and growing wage gaps, likely influenced by the COVID-19 pandemic⁹. The purpose of the Institute is to provide the social support needed for staff to be successful in their careers and create workforce ladders to move into additional behavioral health careers. The Institute will provide workforce development training and create pathways to professional advancement in behavioral health care for our MTRU staff. We will work to elevate staff by providing opportunities to engage in clinical work, as well as provide training and certification programs through a curriculum developed in partnership with Malcolm X College, Haymarket Center, and Sinai Urban Health Institute. The Behavioral Health Institute will create the first behavioral health community health worker role, and training program. The goal is to create a process and program that can be replicated statewide and become a national model.

The curriculum will specifically be provided to the staff of the MTRU. By providing sustained training to staff members, we are creating a foundation for our workforce to succeed. As detailed in Exhibit 2.5 (see attached), the curriculum development will take place in three phases: (1) Planning and Orientation (2) Create Academic & Professional Pathways and (3) Sustainability. Phase 1 will include job-readiness curriculum development and assessment of existing programs between the three educational partners to create a menu of trainings to offer staff upon hire. Simultaneously, an equity-centered recruitment strategy will be developed with the purpose of hiring staff from our target communities. Once staff are hired, they will be given an SDOH needs assessment to determine what social support they require to successfully remain in their positions. In Phase 2, educational partners will conduct a gap analysis of their educational/workforce development programs. From their findings, new curriculum will be developed to fill identified training gaps. Lastly, a crosswalk will be created to offer a pathway for staff to attain educational credentials. Phase 3 will focus on sustainability. Philanthropic stakeholders will be engaged, and an implementation playbook created of best practices and lessons learned.



Additionally, living stipends will be set aside for those participants who decide to take the course offerings to offset lost work hours, transportation, childcare, food, and housing costs. Evidence shows that attrition in the behavioral health field is due largely in part to a lack of social support. Providing this financial resource for participants will enable them to continue with their professional development, while contributing to a stronger future workforce. The Institute will also serve as a learning collaborative, modeled from the COVID-19 Contact Tracer Learning Collaboratives, where staff can share experiences and best practices and provide emotional support for one another. Additionally, it will provide an entry point for PWLE that leads toward sustained employment and careers in behavioral health.

⁹ 2021. Illinois Partners for Human Service. "More Essential Than Ever. Rebuilding the Illinois Health and Human Services Workforce in the Wake of the COVID-19 Pandemic."

First dollar scholarships will support selected students at Malcom X College and help build a pipeline to employment as Community Health Workers on this project. The selection process would offer guaranteed employment to students who first start by going through the Malcolm X CHW program and guide them into the Institute's workforce program as a full-time CHW.

Mobile Medication First- *Prevention*

Family Guidance Centers, Inc. (FGC) has been working with the DEA and DHS-SUPR to expand access to MAT through the establishment of a mobile unit through which all three FDA-approved medications for the treatment of opioid use disorder (OUD), as well as Naloxone (Narcan), will be available.

The provision of MAT and related recovery support services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals in underserved communities who are unable to access traditional brick and mortar SUD treatment facilities. Data on treatment outcomes show that mobile services are able to engage individuals who otherwise encountered insurmountable barriers to treatment access. The availability of Naloxone distribution services through the mobile unit is expected to have additional impacts on decreasing opioid-related overdoses. The MAT services to be provided by the mobile unit include the following:

- **Outpatient Methadone Treatment - OMT.** The National Institutes of Health has stated "the safety and efficacy of OMT has been unequivocally established," adding that "methadone maintenance coupled with relevant social, medical and psychological services has the highest probability of being the most effective of all available treatments for opioid addiction." Methadone will be made available to individuals with OUD who participate in the Mobile Unit services and are determined to be appropriate for this form of MAT.
- **Naltrexone Injection Services.** As an opioid antagonist, naltrexone effectively blocks opioid receptors, which prevents patients from feeling the euphoric effects of heroin or prescribed opioids and reduces the cravings to use. Injectable naltrexone services will be made available to individuals with OUD who participate in the Mobile Unit services and are determined to be appropriate for this form of MAT.
- **Buprenorphine.** Under the Drug Addiction Treatment ACT of 2000, U.S. physicians can offer buprenorphine for opioid dependency in various settings, including in an office, community hospital, health department, or correctional facility. As with all medications used in MAT, buprenorphine is prescribed as part of a comprehensive treatment plan that includes counseling and participation in social support programs. Buprenorphine will be made available to individuals with OUD who participate in the Mobile Unit services and are determined to be appropriate for this form of MAT.

FGC's Mobile Unit MAT services will be enhanced using the principles and strategies of motivational interviewing (MI) and cognitive behavioral therapy (CBT). In addition, given the high rates of histories of trauma among those with OUD, FGC mobile unit staff will administer the *Stressful Life Experiences Screening Tool* as part of our standard assessment services. Intimate partner violence and other identified issues in the area of trauma history will be included as part of the treatment and recovery support plans that are developed for participating patients, and the associated delivery of case management referrals for the indicated support services.

Despite the presence of "brick and mortar" OTP clinics, there is overwhelming evidence of the need for expanded MAT services, especially among communities facing severe health disparities. Barriers common to these health disparities are best addressed by strategies that make it easier for persons in need to access services rather than expecting them to self-present at OTP clinics, or be referred from primary healthcare providers, the criminal justice system, and various social service systems as a result of their OUD-related issues. FGC's Mobile MAT Unit has the potential to fill this gap in timely access to MAT for persons with OUD. FGC looks forward to collaborating

with a wide range of community-based organizations to develop a disseminate information about the services provided through our Mobile Unit, locations at which the Mobile Unit may be parked, and a schedule of times and locations where the Mobile Unit will be available.

Crisis Stabilization Center- Prevention

To further support individuals experiencing mental health and co-occurring MI/SUD crises, a crisis stabilization space will be built. This space will have a range of housing options including crisis stabilization (8 to 10 beds), with a step down to supervised residential for those who need further monitoring (i.e. medication compliance, developing independent living skills, etc.) including 10-12 beds, and finally a permanent supportive housing unit for individuals who are high utilizers and demonstrate the need for long-term intensive case management (approximately 18 beds). This tertiary/clinical/treatment level of prevention (housing continuum) will reduce the over utilization of hospital ED and inpatient stays and have a positive impact on reducing the number of persons with SMI/SUD that are incarcerated at the Cook County Jail. The Crisis Stabilization Center will leverage existing Crisis stabilization beds at Haymarket Center and provide a seamless transition for persons with MI/SUD who are assessed at the Westside Community Triage and Wellness Center who are homeless. Additionally, it is anticipated that outreach and engagement activities within the identified zip codes on the West Side will further identify individuals in need of this service and prevent them from utilizing ED services to meet their needs.

Linkage to Primary Care Medical Homes- Prevention

Primary Care Medical Homes are essential to individual's long-term health. We will screen and identify individuals who are insured and link them to their primary care medical home if not linked. For those uninsured individuals, we will work to identify linkages to Medicaid and other public benefits.

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative Funding Request – 5 years

Executive Director (ED)

This person will be responsible for the overall implementation of the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. Working to manage the Behavioral Health Consortium members implementation, the governance function and ensure the effective fiscal oversight and management.

Program Coordinator (PC) (LCSW)

The PC will oversee all administrative efforts such as reporting, tracking, and budgeting and will report to the ED.

Mobile Trauma Response Unit (MTRU)

The MTRU will be comprised of staff across BHC member organizations who will be activated according to specific needs that arise in a community. After receiving notification from our designated crisis response app, MTRU will be activated following a crisis event (community violence, mental health crisis, substance use crisis, etc.) to provide wraparound services for community members who were directly or indirectly affected by the incident. The MRTU will also be available for community outreach and engagement regularly in the zip codes of focus. The

number and type of staff, as well as the types of services will be tailored in response to the location and kind of crisis event or identified individual/community need.

Fiscal Sponsor

The fiscal sponsor is a third-party entity that will handle various financial and administrative duties on behalf of the BHC. The sponsor will ensure that funds are properly spent to achieve project goals. The relationship between the fiscal sponsor and the BHC is beneficial to the program as this third-party entity will serve as a neutral party to administer funds.

Educational Scholarship- Malcolm X College

Tuition and social support for students enrolled at Malcolm X College, specifically in their Community Health Worker program. The goal is to create a pathway to internship and professional opportunities at BHC organizations, which will contribute to building out the needed behavioral health workforce.

Mobile Medication First- Family Guidance Centers

The provision of MAT and related recovery support services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals in underserved communities who are unable to access traditional brick and mortar SUD treatment facilities. Data on treatment outcomes show that mobile services can engage individuals who otherwise encountered insurmountable barriers to treatment access. The availability of Naloxone distribution services through the mobile unit is expected have additional impacts on decreasing opioid-related overdoses. The MAT services to be provided by the mobile unit include the following: Outpatient Methadone Treatment, Naltrexone Injection Services, Buprenorphine.

Crisis Stabilization Space

To further support individuals experiencing SUD/OD crises, a crisis stabilization space will be built. The property associated with this request will be purchased and maintained by Bobby E. Wright. The facility under consideration is close in distance to the Bobby E. Wright's Westside Community Triage and Wellness Center (WCTWC), which will allow for short distance transport of individuals who require a longer period of stabilization beyond the 23 hours allowed within the WCTWC. This space will have a range of housing options including crisis stabilization (8 to 10 beds), with a step down to supervised residential for those who need further monitoring (i.e. medication compliance, developing independent living skills, etc.) including 10-12 beds, and finally a permanent supportive housing unit for individuals who are high utilizers and demonstrate the need for long-term intensive case management (approximately 18 beds). This housing continuum will reduce the over utilization of hospital ED and inpatient stays and have a positive impact on reducing the number of persons with SMI/SUD that are incarcerated at the Cook County Jail. This project will be sustainable via Medicaid billing for wrap-around service and will capture dollars for rent for individuals who receive SSI benefits.

BHC Training Institute- Haymarket Center, Malcolm X College, Sinai Urban Health Institute

Trauma-informed, community healing training curriculum will be developed in a partnership between Haymarket Center, Malcolm X College, and Sinai Urban Health Institute. The training program will be made available to the MTRU to provide workforce development support. As detailed in Exhibit 2.5 (attached), the curriculum development will take place in three phases: (1) Planning and Orientation (2) Create Academic & Professional Pathways and (3) Sustainability. The Institute will seamlessly guide individuals through the onboarding process, support their professional development in the behavioral health workforce, and ultimately learn how to empower others to heal and promote resilience in the face of trauma.

Communication Strategy Tools and Materials

For our message to reach a broader sect of the community, a robust social media strategy will be developed. Hyper-local campaigns with appropriate materials for education and engagement will be created. These materials will then be distributed through the communication channels (ex. Facebook, radio, fliers, t-shirts) that will best reach the target community. Trauma-informed communication materials will be distributed by the MTRU.

Additionally, community education events facilitated by the MTRU will provide a forum to change the current culture, heal, and create community resiliency. These events will address structural racism and its downstream impacts on people's lives, as well as train the community on the function of the MTRU and how to access its services. Credible messengers will be identified (specific to each community) to relay information. These events will also be used as an intercept point to link people to care.

Data Infrastructure

Four data tools will be needed for project implementation. (1) A data tool to manage the coordination of staff and resources amongst the BHC members (2) A call center to notify the MTRU of crisis events to coordinate prevention, outreach, and engagement activities. This call center will utilize a singular phone number and will allow calls to branch out to specific police districts and community areas based on location of need (3) A resource tool to assess for SDOH needs (4) A data tool to track interactions, referrals, and assessments that will enable the program to collect population.

Program Evaluator

The program evaluator will conduct qualitative and quantitative data analytic activities to evaluate the impact of the program on our target communities. They will identify quality, performance, and additional metrics to measure at baseline and provide quarterly reporting over the grant period with submission of a final report at the conclusion of the grant.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

3. Governance Structure

Note on the significance of governance structure:

We recommend you consult the HFS Guide to Collaborations for your reference as you develop your governance structure.

The governance section should reflect serious thought regarding the execution, management, accountability, and interreliance of the participating members of your collaboration. It should be clear how the structure and governance will bind the various participating organizations into an interrelated enterprise to accomplish the scope of work and the promised outcomes of the proposal. A well-developed governance process is the engine that will drive the effective implementation of the project. Absent quality governance, great ideas and good intentions often fall short or fail altogether

Structure and Processes

1. Please describe in detail the governance structure of your collaboration and explain how authority and responsibility will be distributed and shared. How will policies be formulated and priorities set?

The governance structure for this collaboration will utilize the existing governance structure of the BHC, detailed below.

Organized Health Care Arrangement Participation Agreement (OHCA):

The BHC, under an Organized Health Care Arrangement (OHCA) Participation Agreement, is organized (a) to establish and operate a network of clinically integrated behavioral health service providers in Cook County and its surrounding communities who will serve as preferred providers of behavioral health services to CountyCare and other third-party payors; (b) to share best practices for the provision of high quality behavioral health services; (c) to achieve efficiencies among its Members; (d) to provide behavioral health services over a broader continuum of care inclusive of the social determinants of health; and (e) to perform any lawful purpose or business permitted by the Illinois Limited Liability Company Act in a manner that is consistent with the tax-exempt status under Section 501(c)(3) of the Internal Revenue Code of 1986, and substantially related to the achievement of the charitable purposes of its Members, which purposes shall take priority over the pursuit of any other purpose or interest.

Additionally, to enable the BHC to perform the necessary services to further its purpose of administering behavioral health care, each agency will share Protected Health Information (PHI) with partner BHC agencies.

In summary, through its membership in the BHC, each agency hereby agrees to: (i) participate in the OHCA; (ii) share patients' PHI with the BHC and other agencies as reasonably requested by the BHC and other agencies from time to time in accordance with the terms of this Agreement and subject to the terms of the DUA and applicable law; (iii) participate in joint QA and/or UR activities with other agencies; and, as applicable (iv) participate in shared financial risk arrangements established by the BHC for the delivery of health care with other agencies. Each participating entity is a behavioral health services agency/provider licensed in the State of Illinois and is a "Covered Entity" as defined by HIPPA.

Authority & Distribution of Responsibility

The Executive Director (ED) will provide authoritative oversight of the collaboration and ensure that each participating entity is following appropriate policies and procedures. The creation of standardized policies and procedures will take place in monthly meetings called by the current Chairman of the BHC, Donald Dew, during

the program's ramp up period. If needed, additional meetings will be called to ensure an effective ramp up period. After the Executive Director is hired on, this responsibility will be transferred, and the ED will call all future meetings.

A consensus-based decision-making structure is the preferred method of governance among the group. However, should there be a situation where consensus cannot be reached, there will be a 2/3 majority vote where a majority of 7 members would be needed to move forward with a decision.

Each BHC member is expected to consistently send one representative to the project meetings and provide an alternate should the representative not be able to attend.

Policies & Priorities

The collaboration will adhere to the outlined OHCA policies. Additional policies will be agreed upon during the program ramp up period.

In addition, the collaborative's priorities will be set during the ramp up period. The group will set priorities based on the overall purpose and goals of the program. Each proposed priority will be put up for a vote. The group will seek consensus, and if consensus cannot be reached then it will go to a 2/3 majority vote. A semi-annual review of priorities will occur to review what was decided at the beginning of the year, ensure adherence to priority areas, and make any necessary adjustments.

[1. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Accountability

2. How will collaborating entities be made accountable for achieving desired outcomes? How will the collaboration be made accountable for acting prudently, ethically, legally, and with extensive participation from each participating entity?

Benchmarks for outcomes will be determined during the ramp up period. Strategic focus areas for each desired outcome will be identified and each BHC member will commit to outlining how their organization and MTRU team will work towards addressing the identified strategic focus area and achieve desired outcomes. Representatives from each BHC organization will report back to the governance team on progress during the monthly meetings.

The Organized Health Care Arrangement Participation Agreement will ensure that all BHC members are acting prudently, ethically, legally.

What methods will be used to enforce policy and procedure adherence?

If a BHC entity fails to adhere to the participation agreement under the OHCA, the agency will be given a first warning by the Chairman of the BHC. If the entity continues to fail to adhere to the participation agreement, the Chairman will notify the Executive Director and the Executive Director will issue a warning to pause funding for that entity. After a third notice is given for failure to participate, funding will be paused and only resume when the agency restarts participation or makes the decision to withdraw from the BHC.

[2. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

New Legal Entity

3. Will a new umbrella legal entity be created as a result of your collaboration?

☐ Yes

☒ No

3A. Please give details on the new entity's Board of Directors, including its racial and ethnic make-up.

N/A

[3A. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Payments and Administration of Funds

Note: It is likely that transformation funds for proposals will come in the form of utilization-based Directed Payments to a healthcare provider(s) or behavioral health provider(s) in the collaboration. These entities will receive a report earmarking these payments as transformation funds. These funds must then be distributed among the collaborating entities.

4. How will you ensure direct payments to providers within your collaboration are utilized for your proposed program's intended purpose? If the plan is to use a fiscal intermediary, please specify.

Financial reporting will be required of each BHC member organization, as well as partners. A fiscal sponsor will serve as a neutral party to administer funds and handle various financial and administrative duties on behalf of the BHC. Directed payments will move expeditiously to the designated party as determined by the agreement for the execution of the proposal.

[4. Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

4. Racial Equity

Background on HTC and racial equity:

This form contains a racial equity impact assessment, or REIA. An REIA is a systematic examination of how different racial and ethnic groups will likely be affected by a proposed action or decision. REIAs are used to minimize unanticipated adverse consequences in a variety of contexts, including the analysis of proposed policies, institutional practices, programs, plans and budgetary decisions. The REIA can be a vital tool for preventing institutional racism and for identifying new options to remedy long-standing inequities. (Source: Race Forward - "Racial Equity Impact Assessment")

High-Level Narrative

A fundamental focus of healthcare transformation is racial equity. Please provide a high level description of how the design of your proposal incorporates racial equity. (Greater detail will be requested in the questions below.)

Black and Latinx neighborhoods in Chicago and Cook County have experienced significant disinvestment compared to their white counterparts. The downstream effects of racist policies such as redlining, exclusionary zoning, and mass incarceration have continued the inequities that burden these neighborhoods¹. The trauma experienced by these communities' spans generations, the symptoms of which we see today. Our communities are constantly facing the consequences of unresolved trauma, on personal and community levels. Through this program, we seek to create a Comprehensive Continuum of Trauma Response and Prevention model, where we intend to impact the prolonged effects of systemic racism and trauma in Chicago and Cook County's historically underserved communities. Using a strength-based approach, we plan to close the loop on the continuum of care by preventing the spread effect of trauma and its downstream consequences at the neighborhood level through outreach, education, and prevention strategies. Additionally, centering community voice is essential to ensuring that our program is effective and culturally sensitive. As such, there will be a community advisory process that will be utilized throughout the project on a quarterly basis to provide input and help shape the implementation as we go forward.

[High Level Narrative - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Racial Equity Impact Assessment Questions

1. Which racial/ethnic groups may be most affected by and concerned with the issues related to this proposal?

The black and brown communities who make up the majority of our priority zip codes below will be most impacted by this proposal. These are the communities who have been repeatedly traumatized by the institutional racism that has left them disenfranchised (see Exhibit 1).

¹ Sampson RJ. (2012). Great American city: Chicago and the enduring neighborhood effect. *University of Chicago Press*.

Community-Area	Zip Code	FPL< 100%	Median Income	% Unemployed Adults 16+	Rent-Burdened Households	No High-School Diploma	Life Expectancy Yrs.	% Low Birth-weight	Infant Mortality # per 1K	Teen Births # per 1K
CHICAGO*	Zip Code	19%	\$53,006	8.1%	35.6%	16%	77.4	10%	7	25
Austin	60644	28.6%	\$31,920	17.7%	49.2%	22.9%	70.7	14.2%	10.7	44.7
West Garfield Park	60624	42.25%	\$24,852	20.08%	60.93%	26.9%	69.1	16.2%	8.7	54.2
East Garfield Park	60612	30.75%	\$46,189	9.92%	47.42%	21.7%	67.7	15.3%	13.3	43.8
Lower West Side	60608	25.8%	\$52,104	15.8%	44.15%	28.2%	82.9	8.5%	4.6	23.9
Near West Side	60607	20.6%	\$91,125	10.7%	39.21%	6.5%	80	10%	7.1	15.0
Englewood	60621	45%	\$22,507	35%	56%	25%	72	17%	17.4	44.4
West Englewood	60636	36%	\$27,911	34%	45%	23%	69	16%	12.0	52.8
Auburn-Gresham	60620	29%	\$29,285	24%	45%	17%	72	15%	14	34.1
Roseland	60628	30%	\$38,562	26%	43%	15%	72	14%	12	33.3
Blue Island	60406	17.7%	\$48,398	10%	36.95%	21.6%	-	8.1%	-	-
South Deering	60617	30%	\$31,878	25%	37%	20%	75	11%	11	31.6
Hegewisch	60633	24.5%	\$57,151	6.2%	51.03%	16.3%	79.2	8.1%	9.2	30.4
South Shore	60649	38%	\$26,906	21%	53%	12%	72	13%	13	37.5
Harvey	60426	32.8%	\$30,306	17.4%	48.18%	21.6%	73.7	11.5%	14.4	-

*for comparison to target communities

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Have stakeholders from different racial/ethnic groups — especially those most adversely affected or from vulnerable communities — been informed, meaningfully involved and authentically represented in the development of this proposal? Who’s missing and how can they be engaged?

Stakeholders representing our priority communities were informed through a community input process. The first step in our community input process included referencing the reports listed below, and highlighting the needs communicated by Chicago and Cook County communities in each. Each report was assembled collaboratively with community stakeholders. These are detailed below.

Austin Quality of Life Plan, Austin Coming Together

The planning process was led by Austin Coming Together (ACT), which began working in October 2016 with the Chicago office of the Local Initiatives Support Corporation (LISC) to create a Quality-of Life Plan for the Austin community. In the first half of 2017, ACT launched an unprecedented effort to bring together and create synergy among local leaders. In April, twenty of these leaders signed on as the plan’s steering committee, dedicated to uphold core values of unity, commitment, transparency, collaboration and action. On July 29, 2017, more than 200 Austin community elected officials, residents and representatives from local organizations

and businesses met at the local By the Hand Club for Kids for a community summit for the plan, centered around a consensus workshop on what actions over the next five years will create a thriving Austin community. From that public conversation, the steering committee founded seven working groups, each comprised of eight to twenty stakeholders who met regularly over nearly a year to address the issue areas outlined in this plan. All together, more than 400 people contributed their time, ideas, and energy to the Austin Quality of Life Plan.

From this collaborative process, the following were identified as issue areas: Community Narrative, Economic Development, Education, Housing, Public Safety, Youth Empowerment, and Civic Engagement. Within each issue area, strategies and corresponding workplans were developed.

North Lawndale Quality of Life Plan, North Lawndale Community Coordinating Council

The process to create this Quality-of-Life Plan started with the first Community Planning Conference, held by the North Lawndale Community Coordinating Council (NLCCC) in partnership with the Chicago Metropolitan Agency for Planning (CMAP). The event brought out more than 300 stakeholders, including residents, clergy, community-based organizations, high school students, elected officials, and local business owners. Over two years, we created committees to address specific issues in the community, held face-to-face public workshops and key stakeholder interviews, and offered an interactive online survey.

From this collaborative process, the following were identified as issue areas: Housing, Economic and Workforce Development, Transportation/Infrastructure/and Technology, Greening and Open Space, Arts and Culture, Health and Wellness, Public Safety, and Youth Education and Recreation. Within each issue area, strategies and corresponding workplans were developed.

Community Health Needs Assessment, Focus Group Report, Alliance for Health Equity

Between August 2018 and February 2019, the Illinois Public Health Institute (IPHI) worked with Alliance for Health Equity partners to hold a total of 57 focus groups with priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. The focus groups included 31 focus groups conducted by IPHI and 21 Learning Map Sessions led by West Side United and Rush University Medical Center with notetaking by IPHI.

The themes distilled through analysis of the focus groups and learning map session included four main areas: 1) mental health and substance use disorders 2) access to health care and community resources 3) social and structural determinants of health and 4) chronic disease. Racism, community safety, and community cohesion were three cross-cutting themes that were discussed significantly by participants.

Cook County Sequential Intercept Map Report

The Cook County Health & Hospitals Systems (CCHHS) hosted a Sequential Intercept Model (SIM) workshop on March 23-24, 2017 in Chicago. The workshop included a broad array of stakeholders and regional experts. To kick-off the event, CCHHS welcomed participants and outlined the purpose of the SIM workshop. Discussion included multiple Chicago City and Cook County initiatives aimed at reducing the prevalence of persons with behavioral health disorders in the criminal justice system and insuring timely access to treatment services. CCHHS is centrally involved in all these initiatives and the purpose of the SIM workshop is to help the community understand how these varied initiatives work together, and how to improve coordination and align efforts of the behavioral health and criminal justice partners.

The following 8 recommendations were made following the workshop:

1. Formalize a County Wide Criminal Justice/Behavioral Health Planning Body to address the needs of justice involved persons with co-occurring disorders and trauma.
2. Integrate Data and Technology strategies across initiatives.
3. Integrate Peer Programs and Peers into planning and service delivery.

4. Consider broad approaches to improving access to housing for justice involved individuals and address housing needs and access across initiatives and implement a Social Security Outreach, Access and Recovery (SOAR) Initiative for justice involved individuals.
5. Develop a Crisis Continuum of Care that is integrated with the City/County Police Crisis Intervention Team initiative.
6. Expand Intercept 2 diversion options for persons with mental illness- especially those with misdemeanor offenses.
7. Address the Incompetent to Stand Trial (IST) population.
8. Expand substance use disorder (SUD) treatment options and integrate strategies with current initiatives.

Letters of Support

Additionally, after identifying their priority zip codes, each BHC member reached out to contacts in their chosen communities including elected officials, CBOs, faith-based institutions, academic institutions, local health departments and others. Using a slide deck and a conceptual paper, members presented the program proposal, answered questions, and asked for feedback. Following their encounters, they requested letters of support from their contacts, which are listed below. **We received a total of 71 letters of support for this proposal (Exhibit 2).**

Contacts	Sector
1. 7th - Congressman Danny K. Davis	Legislative/State
2. Alderman Byron Lopez	Legislative/City
3. Alderman Chris Taliaferro	Legislative/City
4. Alderwoman Emma Mitts	Legislative/City
5. Alderman Jason Ervin	Legislative/City
6. Alderwoman Maria Hadden	Legislative/City
7. Alderwoman Susan Sadlowski-Garza	Legislative/City
8. Alderman Walter Burnett – 27th Ward, City of Chicago	Legislative/City
9. All Chicago	CBO
10. Austin Coming Together	CBO
11. Austin Peoples Action Center	CBO
12. Bethel New Life, Inc.	CBO
13. Breakthrough	CBO
14. Bright Leadership Institute	CBO
15. Calumet Area Industrial Commission	CBO
16. Chicago Austin Youth Travel Adventures	CBO
17. Chicago Department of Public Health	Local Health Dept.
18. Chicago Recovering Communities Coalition	CBO
19. Chris Welch, Speaker of the House	Legislative/State
20. College Mentoring Experience	CBO
21. Commissioner Alma E. Anaya	Legislative/County
22. Commissioner Deborah Sims – Cook County Commissioner – District 5	Legislative/County
23. Commissioner Dennis Deer	Legislative/County
24. Cook County Commissioner – Brandon Johnson	Legislative/County
25. Cook County Department of Public Health	Local Health Dept.

26. Cook County Justice Advisory Council	Community Advisory
27. Fathers Who Care	CBO
28. Garfield Park Community Council	CBO
29. Garfield Park Rite to Wellness Collaborative	CBO
30. Great True Vine Missionary Baptist Church	FBO
31. Greater St. John	FBO
32. Harold Colbert Jones Memorial Community Center	CBO
33. Haymarket	CBO
34. Hope Community Church	FBO
35. Illinois State Rep. Aaron Ortiz	Legislative/State
36. Illinois State Rep. Nicolas K. Smith	Legislative/State
37. Illinois State Sen. Emil Jones	Legislative/State
38. Illinois State Sen. Robert Peters	Legislative/State
39. Illinois State Senator Kimberly Lightford	Legislative/State
40. Inner Voice	CBO
41. Introspect Youth Services Inc.	CBO
42. James Cappelman, 48th Ward	Legislative/City
43. Leaders Network	FBO
44. Malcolm X College	Academic
45. NAACP	CBO
46. NeighborScapes	CBO
47. New Landmark MB Church	FBO
48. North Lawndale Employment Network	CBO
49. Prevention Partnership	CBO
50. Project Exploration	CBO
51. R3 Westside Collaborative Project	CBO
52. Rich Township Supervisor	Legislative/City
53. Saint Leonard's Ministries	CBO
54. Sen. Anthony Munoz, District 1	Legislative/State
55. Sinai Urban Health Institute	Community Advisory
56. South Austin Neighborhood Association	CBO
57. Southland Human Services Leadership Council	CBO
58. State Rep. Debbie Meyers-Martin	Legislative/State
59. State Rep. Greg Harris	Legislative/State
60. State Rep. Kelly Cassidy- 14th District	Legislative/State
61. State Rep. La Shawn Ford	Legislative/State
62. State Rep. Margaret Croke	Legislative/State
63. State Senator Mike Simmons	Legislative/State
64. State Senator Sara Feigenholtz	Legislative/State
65. TASC	CBO

66. Temple of Faith M.B. Church	FBO
67. UIC Jane Addams College of Social Work	Academic
68. United Way of Metro Chicago	CBO
69. West Austin P3	CBO
70. Westside Collaborative Project	CBO
71. Westside Health Authority	CBO

Community Advisory Process

In addition, we will have a community advisory process that will be utilized throughout the project on a quarterly basis to provide input and help shape the implementation as we go forward.

Voices to Be Included

The group whose voices will play an integral role in the program implementation are individuals with lived experience. This group will be included in the community advisory component of the program, as their voices are crucial to ensuring that the program is truly reaching the most vulnerable individuals. These trusted messengers will be recruited to join the MTRU teams where they will be the bridges between the BHC's behavioral health providers and their communities. They will provide subject matter expertise on how to best conduct outreach to specific communities, as well as provide strategic direction on the prioritization of community needs. Several BHC members have people with lived experience employed by their organization as well as community and patient advisory councils already in place. **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative** plans to leverage these groups to provide input and feedback for this proposal.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Which racial/ethnic groups are currently most advantaged and most disadvantaged by the issues this proposal seeks to address? How are they affected differently? What quantitative and qualitative evidence of inequality exists? What evidence is missing or needed?

In Chicago and the Cook County Suburbs, the racial/ethnic groups that are most advantaged are wealthy, majority white communities while the disadvantaged are poor black and brown communities. The intergenerational wealth gap that is a result of the systemic racism in our city and county continues to benefit the descendants of white families who created these policies to protect their wealth. As one of the most segregated cities in the United States, the racial disparity between neighborhoods in Chicago mirrors several other disparities in the city and county. The Center for Disease Control's Social Vulnerability Index combines factors such as poverty, lack of access to transportation, and crowded housing into its overall measure of vulnerability. According to these metrics, three of the five most socially vulnerable community areas in Illinois are the priority areas for this proposal, largely black and brown communities on Chicago's West Side, South Side, and the South Suburbs.

Between August 2018 and February 2019, the Illinois Public Health Institute (IPHI) worked with Alliance for Health Equity partners to hold a total of 57 focus groups with priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. The focus groups included 31 focus groups conducted by IPHI and 21 Learning Map Sessions led by West Side United and Rush University Medical Center with notetaking by IPHI. In the Focus Group Report, community members expressed the following:

"It feels like this structural racism is impacting everything. I mean whether we're talking about the meetings we can attend, whether we're talking about the properties we can buy because of redlining, whether we're talking about being able to afford insurance. It really permeates everything from economics to education to even the way that we think." (Garfield Park Community Council LMS)

"The city is so segregated. Police cars sit outside County. At Illinois Masonic no one even bothers me" (NAMI Chicago – Individuals)

A wealth of data exists around the disparity in health outcomes and social determinants of health for underserved communities versus affluent communities in Chicago. The below table illustrates the disparity in our Year 1 priority communities compared to Chicago overall and the Near North Side, an affluent area in downtown Chicago (Exhibit 3).

Community-Area	Zip Code	FPL< 100%	Median Income	% Unemployed Adults 16+	Rent-Burdened Households	No High-School Diploma	Life Expectancy Yrs.	% Low Birth-weight	Infant Mortality # per 1K	Teen Births # per 1K
CHICAGO	Zip Code	19%	\$53,006	8.1%	35.6%	16%	77.4	10%	7	25
Near North Side	60610	10.01%	\$106,026	2.8%	35.0%	1.8%	82.1	9.2%	6.8	13.9
Austin	60644	28.6%	\$31,920	17.7%	49.2%	22.9%	70.7	14.2%	10.7	44.7
West Garfield Park	60624	42.25%	\$24,852	20.08%	60.93%	26.9%	69.1	16.2%	8.7	54.2
East Garfield Park	60612	30.75%	\$46,189	9.92%	47.42%	21.7%	67.7	15.3%	13.3	43.8
Lower West Side	60608	25.8%	\$52,104	15.8%	44.15%	28.2%	82.9	8.5%	4.6	23.9
Near West Side	60607	20.6%	\$91,125	10.7%	39.21%	6.5%	80	10%	7.1	15.0
Englewood	60621	45%	\$22,507	35%	56%	25%	72	17%	17.4	44.4
West Englewood	60636	36%	\$27,911	34%	45%	23%	69	16%	12.0	52.8
Auburn-Gresham	60620	29%	\$29,285	24%	45%	17%	72	15%	14	34.1
Roseland	60628	30%	\$38,562	26%	43%	15%	72	14%	12	33.3
Blue Island	60406	17.7%	\$48,398	10%	36.95%	21.6%	-	8.1%	-	-
South Deering	60617	30%	\$31,878	25%	37%	20%	75	11%	11	31.6
Hegewisch	60633	24.5%	\$57,151	6.2%	51.03%	16.3%	79.2	8.1%	9.2	30.4
South Shore	60649	38%	\$26,906	21%	53%	12%	72	13%	13	37.5
Harvey	60426	32.8%	\$30,306	17.4%	48.18%	21.6%	73.7	11.5%	14.4	-

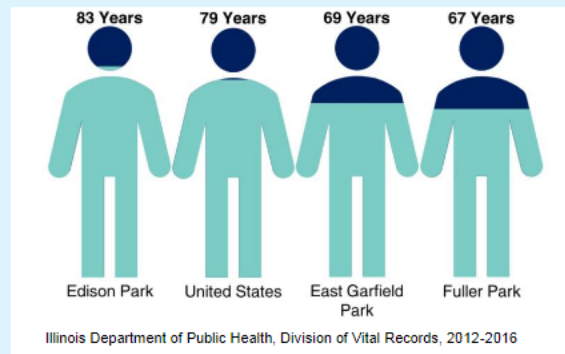
More evidence is needed to show the increased likelihood that being exposed to traumatic events such as gun violence leads to decreased life expectancy, and historical factors associated with institutional racism perpetuate stigma and contributes to the underutilization of available mental health resources. This results in the development of chronic conditions and using the ED during crises. Lack of transportation is also a disparity. Census data shows that 47% of residents who live on the West Side do not have cars.

There is a need to more effectively track the impact of interventions that seek to improve health through neighborhood/population health methods/community interventions such as this proposal. That is why we included an evaluator as part of our budget. We believe that this proposal will work to create sustained-long term impact to improve communities because it directly addresses trauma and has a prevention and neighborhood-based approach.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

4. What factors may be producing and perpetuating racial inequities associated with this issue? How did the inequities arise? Are they expanding or narrowing? Does the proposal address root causes? If not, how could it?

The root cause of the perpetuation of racial inequities is structural racism and the neglect that occurs as a result. Structural racism is defined as “the totality of ways in which societies foster [racial] discrimination, via mutually reinforcing [inequitable] systems... (e.g., in housing, education, employment, earnings, benefits, credit, media, health care, criminal justice, etc.) that in turn reinforce discriminatory beliefs, values, and distribution of resources”, reflected in history, culture, and interconnected institutions². Additionally, racial and ethnic wealth gaps are the legacy of policies and practices intentionally designed to protect white families while denying opportunities to Black and Latinx families. Wealth often transfers across generations. These intergenerational transfers of wealth create an advantageous starting point throughout the life course, from allowing children to live in high-opportunity neighborhoods and paying for education to earlier homeownership, asset building, and debt reduction as adults³. Between 2012 and 2017, life expectancy has been falling for every racial group except white, non-Latinx Chicagoans. There is an 8.8-year gap between Black and white Chicagoans⁴. The below is a comparison of life expectancy between neighborhoods in Chicago. For reference, Edison Park is a majority white neighborhood on the Far North Side, and East Garfield Park and Fuller Park are majority Black communities on the West Side and South Side of the city (Exhibit 4).



Black and brown communities were historically excluded from the decision-making table to advocate for their communities' needs (ex. redlining). Therefore, to this day, the allocation of resources and access to resources remains out of reach. This evidence of “place stratification,” in which institutional factors such as structural racism prevent minorities, namely black and brown residents, from using their socioeconomic means to access communities with greater resources and opportunities, is playing out in our disenfranchised neighborhoods⁵.

This proposal directly addresses the symptoms of the historical and ongoing trauma that our priority communities experience due to structural racism. Through our Comprehensive Continuum of Trauma Response and Prevention model, we intend to impact the prolonged effects of systemic racism and trauma in Chicago and Cook County's

² S N. Krieger, “Discrimination and Health Inequities,” *Int J Health Serv* 44, no. 4 (2014).

³ Urban Institute, 2019, State and Local Approaches to the Chicago Region's Racial and Ethnic Wealth Inequity. Accessed 9 Nov. 2021.

⁴ Healthy Chicago 2025

⁵ University of Illinois at Chicago, 2021, Transformation Data and Community Needs Report: South Chicago. Accessed 10 Nov. 2021.

historically underserved communities. Using a strength-based approach, we plan to close the loop on the continuum of care by preventing the spread effect of trauma and its downstream consequences at the neighborhood level through outreach, education, and prevention strategies. The goal of this initiative is to move away from a trauma reactive system of care and toward a trauma-reducing, healing collaborative approach.

[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

5. What does the proposal seek to accomplish? Will it reduce disparities or discrimination?

The collaborative completed the REIA needs assessment through a collective process in which all organizations contributed thoughts on what we seek to accomplish with this proposal. A sample of their responses is included below.

In response to, “what does the proposal seek to accomplish?”

- Transformation
- Prevention
- Addressing issues and gaps
- Healing trauma
- Go out into the community and find people who are impacted and affected by trauma
- Clergy engagement/Church engagement
- Build positive relationships to engage young people in early intervention
- Create a Comprehensive Continuum of Crisis Response and Prevention to impact the prolonged effects of systemic racism and trauma
- Conduct outreach and provide immediate access to care

In response to, “will it reduce disparities or discrimination?”

- Create a Comprehensive Continuum of Crisis Response and Prevention to impact the prolonged effects of systemic racism and trauma
- Respond directly to community
- Increase access to services
- Screen and link those affected by trauma to care
- Prevent the spread of effect of trauma within the community
- Conduct ACES screening – assess for mental health and physical health outcomes
- Involve people with lived experience – expand community healing
- Create workforce development opportunities

Summary: The goal of this program is to transform communities by ‘treating the neighborhood’ and improving the quality of life of those impacted by structural racism. We propose to accomplish this through outreach, education, and prevention activities.

Outreach

We are aiming to redefine the current crisis response model that agencies and community stakeholders operate under and move to a prevention-based model that fills the gap in care of subclinical, unaddressed trauma. When a traumatic event occurs in a community, the Mobile Trauma Response Unit will provide immediate interventions to prevent further development of the disease process in community members including anxiety, depression, and PTSD. To accomplish these goals, relationships with community leaders, schools, churches, and other trusted entities must be formed and deepened. Through these avenues, outreach and education around

mental health, stigma, and access to care can be made more easily available to community members. Additionally, mechanisms to identify trauma in community members, such as the ACES tool for children, will be adopted to ensure we identify those most in need and that they receive services that will allow them to thrive.

Education

One of the mechanisms that we believe will reduce disparities will be through the Behavioral Health Training Institute. The purpose of the Institute is to create workforce ladders for our staff who are recruited from the community to move into additional behavioral health careers. By providing sustained training to staff members, we are creating a foundation for our workforce to succeed. Additionally, living stipends will be set aside for those participants who decide to take the course offerings to offset lost work hours, transportation, childcare, food, and housing costs. Evidence shows that attrition in the behavioral health field is due largely in part to a lack of social support. Providing this financial resource for participants will enable them to continue with their professional development, while contributing to a stronger future workforce.

Education will also come in the form of community outreach and education provided directly to neighborhood households by the MTRU. They will provide psychosocial education to address the impact of exposure to trauma to prevent its spread effect and build community resilience.

Prevention

The provision of Medication Assisted Treatment (MAT) and related recovery support services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals in underserved communities who are unable to access traditional brick and mortar SUD treatment facilities. Data on treatment outcomes show that mobile services can engage individuals who otherwise encountered insurmountable barriers to treatment access. The availability of Naloxone distribution services through the mobile unit is expected have additional impacts on decreasing opioid-related overdoses. The MAT services to be provided by the mobile unit include the following: Outpatient Methadone Treatment, Naltrexone Injection Services, Buprenorphine.

To further support individuals experiencing SUD/OD crises, a crisis stabilization space will be built. This space will have a range of housing options including crisis stabilization (8 to 10 beds), with a step down to supervised residential for those who need further monitoring (i.e. medication compliance, developing independent living skills, etc.) including 10-12 beds, and finally a permanent supportive housing unit for individuals who are high utilizers and demonstrate the need for long-term intensive case management (approximately 18 beds). This housing continuum will reduce the over utilization of hospital ED and inpatient stays and have a positive impact on reducing the number of persons with SMI/SUD that are incarcerated at the Cook County Jail.

Additionally, Primary Care Medical Homes are essential to individual's long-term health. We will screen and identify individuals who are insured and link them to their primary care medical home if not linked. For those uninsured individuals, we will work to identify linkages to Medicaid and other public benefits.

[5 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

6. What are negative or unforeseen consequences and positive impacts/opportunities for equity as a result of this proposal? Which racial/ethnic groups could be harmed or could benefit? How could adverse impacts be prevented/minimized and equitable opportunities be maximized?

As we move into implementation of the program, an unforeseen consequence may be that we identify a group of individuals that the system cannot support. However, one of the strengths of the BHC is the breadth of resources available across member organizations. Leveraging this strength may mitigate the risk of discovering unreachable populations, because if one organization finds they are unable to engage, the collaborative can be

notified and another member may step in. Because of this, connectivity of care and linkage to treatment has the potential to be greatly improved.

This proposal includes many opportunities for equity, one being the recruitment of staff from priority communities and providing additional financial resources to the workforce to support them. A major contributor to attrition in the behavioral health field, and even more acutely for community health workers, is the need for additional social supports. By providing this resource, the goal is to ensure that staff have what they need to have a stable life outside of work to enable them to remain in the workforce and continue building their professional skills.

Adverse impacts can be minimized through a consistent, open dialogue with community advisory groups. As the program is being implemented, quarterly community advisory meetings will provide a platform for community stakeholders to provide feedback and help shape how the program is operated in their neighborhoods. This process in and of itself is based in equity, and inherently maximizes an equitable opportunity for all voices to hold the same power in determining how this program will help their communities transform.

[6 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

7. Are there better ways to reduce racial disparities and advance racial equity? What provisions could be changed or added to ensure positive impacts on racial equity and inclusion?

This proposal truly seeks to address racial disparities and advance racial equity directly through a community co-designed, hyperlocal strategies reach communities where they are and meet their specific needs. These types of engagements allow for direct confrontation of the needs of a specific community-area, and the factors that may contribute to health and racial disparities such as healthcare access, food access, housing, community safety, and the physical and built neighborhood environment⁶. A provision that could be added are community-designed toolkits that are specific to each priority zip code and will be utilized by the MTRU team assigned to that zip code to reference when working with those community-areas. Toolkits may include community resources, contacts, priority service needs, and a community profile.

[7 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

8. Is the proposal realistic, adequately funded, with mechanisms to ensure successful implementation and enforcement? Are there provisions to ensure ongoing data collection, public reporting, stakeholder participation and public accountability?

The proposal includes adequate funding for effective implementation. A program evaluator will be responsible for ongoing data collection and will conduct qualitative and quantitative data analytic activities to evaluate the impact of the program on our target communities. They will identify metrics during the ramp up period, including the already identified HFS Quality Metrics, to measure at baseline and provide quarterly reporting over the funding period with submission of a final report at the conclusion of the grant. The quarterly reports will be presented to the community advisory committee who will then provide feedback. Stakeholder participation is written into the governance structure and is legally binding for BHC members through the Organized Health Care Arrangement Participation Agreement (OHCA).

⁶ Healthy Chicago Equity Zones Initiative

[8 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

9. What are the success indicators and progress benchmarks? How will impacts be documented and evaluated? How will the level, diversity and quality of ongoing stakeholder engagement be assessed?

The success indicators and progress benchmarks have been defined by the collaborative as the following:

- Linkage to care
- Reduce fragmentation in behavioral health care system
- Decrease in unemployment
- Increased mental wellness/sense of well-being
- Improved chronic disease management
- Reduction in justice involvement

Program impacts will be documented by the program evaluator and will be evaluated by the governance team and community advisory committee to determine where adjustments may need to occur. The main stakeholder group – the community advisory committee – will reflect the program’s priority communities. The governance team will conduct semi-annual reviews to ensure that the current advisory committee still in fact represents the communities being served. If that is found to not be the case, recruitment efforts will commence to meet this requirement. Stakeholder engagement will be assessed by consistency of meeting attendance and requested feedback on quarterly impact reports.

[9 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

5. Community Input

Service Area of the Proposed Intervention

1. Identify your service area in general terms (e.g., "West Chicago", "East St. Louis Metro Area", "Southeastern Illinois").

West Chicago, South Chicago, South Cook County

2. Please select all Illinois counties that are in your service area. (NOTE: Selecting a county does not mean that your intervention must service the entire county.)

(Hold CTRL+click on a PC or command+click on a Mac to select multiple counties).

Select counties:

Cook County

3. Please list all zip codes in your service area, separated by commas.

60624, 60622, 60612, 60608, 60644, 60607, 60621, 60636, 60620, 60628, 60406, 60617, 60633, 60649, 60426, 60623, 60651, 60618, 60659, 60660, 60640, 60613, 60657, 60647, 60626, 60645, 60614, 60661, 60621, 60606, 60609, 60615, 60629, 60619, 60643, 60827, 60472, 60827, 60453, 60456, 60415, 60457, 60465, 60639, 60641, 60634, 60202, 60076, 60201, 60501, 60402, 60623, 60632, 60411, 60429

Community Input

Note on the importance of community input:

For collaborations to meet the real-world needs of the community members they intend to serve, it's imperative that projects be designed with community member input. We are looking for projects that engaged community members in the design of the intervention being proposed. Methods of community participatory research are encouraged.

1. Describe the process you have followed to seek input from your community and what community needs it highlighted.

The first step in our community input process included referencing the reports listed below, and highlighting the needs communicated by Chicago and Cook County communities in each. Each report was assembled collaboratively with community stakeholders. These are detailed below.

Austin Quality of Life Plan, Austin Coming Together

The planning process was led by Austin Coming Together (ACT), which began working in October 2016 with the Chicago office of the Local Initiatives Support Corporation (LISC) to create a Quality-of Life Plan for the Austin community. In the first half of 2017, ACT launched an unprecedented effort to bring together and create synergy among local leaders. In April, twenty of these leaders signed on as the plan's steering committee, dedicated to uphold core values of unity, commitment, transparency, collaboration and action. On July 29, 2017, more than 200 Austin community elected officials, residents and representatives from local organizations and businesses met at the local By the Hand Club for Kids for a community summit for the plan, centered around a consensus workshop on what actions over the next five years will create a thriving Austin community. From that public conversation, the steering committee founded seven working groups, each comprised of eight to twenty stakeholders who met regularly over nearly a year to address the issue areas outlined in this plan. All together, more than 400 people contributed their time, ideas, and energy to the Austin Quality of Life Plan.

From this collaborative process, the following were identified as issue areas: Community Narrative, Economic Development, Education, Housing, Public Safety, Youth Empowerment, and Civic Engagement. Within each issue area, strategies and corresponding workplans were developed.

North Lawndale Quality of Life Plan, North Lawndale Community Coordinating Council

The process to create this Quality-of-Life Plan started with the first Community Planning Conference, held by the North Lawndale Community Coordinating Council (NLCCC) in partnership with the Chicago Metropolitan Agency for Planning (CMAP). The event brought out more than 300 stakeholders, including residents, clergy, community-based organizations, high school students, elected officials, and local business owners. Over two years, we created committees to address specific issues in the community, held face-to-face public workshops and key stakeholder interviews, and offered an interactive online survey.

From this collaborative process, the following were identified as issue areas: Housing, Economic and Workforce Development, Transportation/Infrastructure/and Technology, Greening and Open Space, Arts and Culture, Health and Wellness, Public Safety, and Youth Education and Recreation. Within each issue area, strategies and corresponding workplans were developed.

Community Health Needs Assessment, Focus Group Report, Alliance for Health Equity

The Patient Protection and Affordable Care Act (ACA) requires every non-profit hospital to conduct Community Health Needs Assessments (CHNA) and implement plans that address identified community health needs. The Alliance for Health Equity was developed so that participating organizations can collaboratively assess community health needs, collectively develop shared implementation plans to address community health needs, more efficiently share resources, and have a greater impact on the large population residing in Cook County. Currently, 37 hospitals, 6 local health departments including Chicago Department of Public Health and Cook County Department of Public Health, and nearly 100 community-based organizations are participating in the Alliance for Health Equity¹.

Between August 2018 and February 2019, the Illinois Public Health Institute (IPHI) worked with Alliance for Health Equity partners to hold a total of 57 focus groups with priority populations such as veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma. The focus groups included 31 focus groups conducted by IPHI and 21 Learning Map Sessions led by West Side United and Rush University Medical Center with notetaking by IPHI.

The themes distilled through analysis of the focus groups and learning map session included four main areas: 1) mental health and substance use disorders 2) access to health care and community resources 3) social and structural determinants of health and 4) chronic disease. Racism, community safety, and community cohesion were three cross-cutting themes that were discussed significantly by participants.

Cook County Sequential Intercept Map Report

The Cook County Health & Hospitals Systems (CCHHS) hosted a Sequential Intercept Model (SIM) workshop on March 23-24, 2017 in Chicago. The workshop included a broad array of stakeholders and regional experts. To kick-off the event, CCHHS welcomed participants and outlined the purpose of the SIM workshop. Discussion included multiple Chicago City and Cook County initiatives aimed at reducing the prevalence of persons with behavioral health disorders in the criminal justice system and insuring timely access to treatment services. CCHHS is centrally involved in all these initiatives and the purpose of the SIM workshop is to help the community understand how these varied initiatives work together, and how to improve coordination and align efforts of the behavioral health and criminal justice partners.

¹ Alliance for Health Equity, 2019, Community Health Needs Assessment Focus Group Report. Accessed 10 Nov. 2021.

The following 8 recommendations were made following the workshop:

1. Formalize a County Wide Criminal Justice/Behavioral Health Planning Body to address the needs of justice involved persons with co-occurring disorders and trauma.
2. Integrate Data and Technology strategies across initiatives.
3. Integrate Peer Programs and Peers into planning and service delivery.
4. Consider broad approaches to improving access to housing for justice involved individuals and address housing needs and access across initiatives and implement a Social Security Outreach, Access and Recovery (SOAR) Initiative for justice involved individuals.
5. Develop a Crisis Continuum of Care that is integrated with the City/County Police Crisis Intervention Team initiative.
6. Expand Intercept 2 diversion options for persons with mental illness- especially those with misdemeanor offenses.
7. Address the Incompetent to Stand Trial (IST) population.
8. Expand substance use disorder (SUD) treatment options and integrate strategies with current initiatives.

Letters of Support

Additionally, after identifying their priority zip codes, each BHC member reached out to contacts in their chosen communities including elected officials, CBOs, faith-based institutions, academic institutions, local health departments and others. Using a slide deck and a conceptual paper, members presented the program proposal, answered questions, and asked for feedback. Following their encounters, they requested letters of support from their contacts, which are listed below. **We received a total of 73 letters of support for this proposal (Exhibit 2).**

Contacts	Sector
1. 7th - Congressman Danny K. Davis	Legislative/Federal
2. Ald. Byron Lopez	Legislative/City
3. Alderman Chris Taliaferro	Legislative/City
4. Alderman Emma Mitts	Legislative/City
5. Alderman Jason Ervin	Legislative/City
6. Alderman Maria Hadden	Legislative/City
7. Alderman Susan Sadlowski-Garza	Legislative/City
8. Alderman Walter Burnett – 27th Ward, City of Chicago	Legislative/City
9. All Chicago	CBO
10. Austin Coming Together	CBO
11. Austin Peoples Action Center	CBO
12. Bethel New Life, Inc.	CBO
13. Breakthrough	CBO
14. Bright Leadership Institute	CBO
15. Calumet Area Industrial Commission	CBO
16. Chicago Austin Youth Travel Adventures	CBO
17. Chicago Department of Public Health	Local Health Dept.
18. Chicago Recovering Communities Coalition	CBO
19. Chris Welch, Speaker of the House	Legislative/State
20. College Mentoring Experience	CBO
21. Commissioner Alma E. Anaya	Legislative/County

22. Commissioner Deborah Sims – Cook County Commissioner – District 5	Legislative/County
23. Commissioner Dennis Deer	Legislative/County
24. Cook County Commissioner – Brandon Johnson	Legislative/County
25. Cook County Department of Public Health	Local Health Dept.
26. Cook County Justice Advisory Council	Community Advisory
27. Fathers Who Care	CBO
28. Garfield Park Community Council	CBO
29. Garfield Park Rite to Wellness Collaborative	CBO
30. Great True Vine Missionary Baptist Church	FBO
31. Greater St. John	FBO
32. Harold Colbert Jones Memorial Community Center	CBO
33. Haymarket Center	CBO
34. Hope Community Church	FBO
35. Illinois State Rep. Aaron Ortiz	Legislative/State
36. Illinois State Rep. Nicolas K. Smith	Legislative/State
37. Illinois State Sen. Emil Jones	Legislative/State
38. Illinois State Sen. Robert Peters	Legislative/State
39. Illinois State Senator Kimberly Lightford	Legislative/State
40. Inner Voice	CBO
41. Introspect Youth Services Inc.	CBO
42. James Cappelman, 48th Ward	Legislative/City
43. Leaders Network	FBO
44. Malcolm X College	Academic
45. NAACP	CBO
46. NeighborScapes	CBO
47. New Landmark MB Church	FBO
48. North Lawndale Employment Network	CBO
49. Prevention Partnership	CBO
50. Project Exploration	CBO
51. Public Defender's Office (Cook County)	Justice
52. Rich Township Supervisor	Legislative/City
53. Saint Leonard's Ministries	CBO
54. Sen. Antonio Munoz, District 1	Legislative/State
55. Sinai Urban Health Institute	Community Advisory
56. South Austin Neighborhood Association	CBO
57. Southland Human Services Leadership Council	CBO
58. State Rep. Debbie Meyers-Martin	Legislative/State
59. State Rep. Greg Harris	Legislative/State
60. State Rep. Kelly Cassidy- 14th District	Legislative/State
61. State Rep. La Shawn Ford	Legislative/State

62. State Rep. Margaret Croke	Legislative/State
63. State Senator Mike Simmons	Legislative/State
64. State Senator Sara Feigenholtz	Legislative/State
65. TASC	CBO
66. Temple of Faith M.B. Church	FBO
67. UIC Jane Addams College of Social Work	Academic
68. United Way of Metro Chicago	CBO
69. West Austin P3	CBO
70. Westside Collaborative Project	CBO
71. Westside Health Authority	CBO
72. Alderman Matt Martin	Legislative/City
73. CountyCare	MCO

Community Advisory Committee

In addition, we will have a community advisory committee that will be utilized throughout the project on a quarterly basis to provide input and help shape the implementation as we go forward. It is essential for an equity-driven program to include the insights and perspectives of the communities being served. Therefore, it will be required for the committee to reflect the priority communities. The community advisory committee will meet quarterly to facilitate two-way communication.

Voices to Be Included

The group whose voices will play an integral role in the program implementation are individuals with lived experience. This group will be included in the community advisory component of the program, as their voices are crucial to ensuring that the program is truly reaching the most vulnerable individuals. These trusted messengers will be recruited to join the MTRU teams where they will be the bridges between the BHC's behavioral health providers and their communities. They will provide subject matter expertise on how to best conduct outreach to specific communities, as well as provide strategic direction on the prioritization of community needs. Several BHC members have people with lived experience employed by their organization as well as community and patient advisory councils already in place. **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative** plans to leverage these groups to provide input and feedback for this proposal.

Community Surveys

As determined by the Governance group and the evaluator, community input surveys will be conducted.

2. Please upload any documentation of your community input process or findings here. (Note: if you wish to include multiple files, you must combine them into a single document.)

Input from Elected Officials

1. Did your collaborative consult elected officials as you developed your proposal?

- ☒ Yes
☐ No

1A. If you consulted Illinois federal or state legislators, please select all legislators whom you consulted.

(Hold CTRL+click on a PC or command+click on a Mac to select multiple legislators).

Select legislators:

7th - Congressman Danny K. Davis
Chris Welch, Speaker of the House
Illinois State Rep. Aaron Ortiz
Illinois State Rep. Nicolas K. Smith
Illinois State Senator Emil Jones
Illinois State Senator Robert Peters
Illinois State Senator Kimberly Lightford
Illinois State Senator Anthony Munoz, District 1
Illinois State Rep. Debbie Meyers-Martin
Illinois State Rep. Greg Harris
Illinois State Rep. Kelly Cassidy- 14th District
Illinois State Rep. La Shawn Ford
Illinois State Rep. Margaret Croke
Illinois State Senator Mike Simmons
Illinois State Senator Sara Feigenholtz

1B. If you consulted local officials, please list their names and titles here.

Alderman Byron Lopez
Alderman Chris Taliaferro
Alderwoman Emma Mitts
Alderman Jason Ervin
Alderwoman Maria Hadden
Alderwoman Susan Sadlowski-Garza
Alderman Walter Burnett
Alderman James Cappelman
Rich Township Supervisor
Commissioner Alma E. Anaya
Commissioner Deborah Sims
Commissioner Dennis Deer
Commissioner Brandon Johnson

[Input from Elected Officials - Optional] Please upload any documentation of support from or consultation with elected officials. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

6. Data Support

Note on the importance of data in proposal design:

It is imperative that applicants use data to design the proposed work. HFS is seeking applications that are "data-first." This means that applicants used data to determine health needs and designed and targeted the proposed work to meet those needs.

Examples of relevant data include, but are not limited to, data from the community data reports produced by UIC, data analysis of healthcare utilization data, qualitative and quantitative surveys, literary reviews, etc.

1. Describe the data used to design your proposal and the methodology of collection.

The design of this proposal included a comprehensive, data-driven approach to determine health needs in our priority communities, identify gaps, and guide our approach for addressing community trauma. The collaborative conducted a review of a wide range of data, including the UIC Community Data Reports, American Community Survey, the Chicago Health Atlas, Chicago Police Department Data, Chicago Metropolitan Agency for Planning Community Data Snapshots, Illinois Partners for Human Service Workforce Report, and Community Health Needs Assessments for Chicago and Cook County. Based on the information synthesized from these sources, coupled with institutional knowledge captured during BHC planning meetings, the final proposal is one that is grounded in the data and addresses the root causes of the racial, health, and economic inequities reflected in the data. The below table of the priority community areas in comparison to the city of Chicago and the affluent Near North Side neighborhood are clear examples of the result of structural inequity (Exhibit 1).

Community Area	Zip Code	FPL< 100%	Median Income	% Unemployed Adults 16+	Rent-Burdened Households	No High-School Diploma	Life Expectancy Yrs.	% Low Birth-weight	Infant Mortality # per 1K	Teen Births # per 1K
CHICAGO*	Zip Code	19%	\$53,006	8.1%	35.6%	16%	77.4	10%	7	25
Near North Side*	60610	10.01%	\$106,026	2.8%	35.0%	1.8%	82.1	9.2%	6.8	13.9
Austin	60644	28.6%	\$31,920	17.7%	49.2%	22.9%	70.7	14.2%	10.7	44.7
West Garfield Park	60624	42.25%	\$24,852	20.08%	60.93%	26.9%	69.1	16.2%	8.7	54.2
East Garfield Park	60612	30.75%	\$46,189	9.92%	47.42%	21.7%	67.7	15.3%	13.3	43.8
Lower West Side	60608	25.8%	\$52,104	15.8%	44.15%	28.2%	82.9	8.5%	4.6	23.9
Near West Side	60607	20.6%	\$91,125	10.7%	39.21%	6.5%	80	10%	7.1	15.0
Englewood	60621	45%	\$22,507	35%	56%	25%	72	17%	17.4	44.4
West Englewood	60636	36%	\$27,911	34%	45%	23%	69	16%	12.0	52.8
Auburn-Gresham	60620	29%	\$29,285	24%	45%	17%	72	15%	14	34.1
Roseland	60628	30%	\$38,562	26%	43%	15%	72	14%	12	33.3
Blue Island	60406	17.7%	\$48,398	10%	36.95%	21.6%	-	8.1%	-	-

South Deering	60617	30%	\$31,878	25%	37%	20%	75	11%	11	31.6
Hegewisch	60633	24.5%	\$57,151	6.2%	51.03%	16.3%	79.2	8.1%	9.2	30.4
South Shore	60649	38%	\$26,906	21%	53%	12%	72	13%	13	37.5
Harvey	60426	32.8%	\$30,306	17.4%	48.18%	21.6%	73.7	11.5%	14.4	-

*for comparison with target communities

Primary Data:

Source: HTC Transformation Data and Community Needs Report

Citation/Link:

<https://www2.illinois.gov/hfs/SiteCollectionDocuments/20210226FinalTransformationReportExecutiveSummary.pdf>

Key Findings:

- In South Chicago, West Chicago, and South Cook, mental illness and substance use disorders were the most frequent and resource-intensive hospitalizations, with resource intensiveness defined here as early hospital readmissions
- “Place stratification,” in which institutional factors such as structural racism prevent minorities, namely black and brown residents, from using their socioeconomic means to access communities with greater resources and opportunities, is playing out in our disenfranchised neighborhoods

Source: Chicago Health Atlas

Citation/Link: <https://chicagohealthatlas.org/>

Key Findings:

- Community-level data including:
- % below federal poverty line, median income, % unemployment, rent-burdened households, % low birthweight, infant mortality per 1000, teen births per 1000

Source: Alliance for Health Equity Community Health Needs Assessment for Chicago and Suburban Cook County

Citation/Link: https://allhealthequity.org/wp-content/uploads/2019/06/FINAL_2019_CHNA-Report_Alliance-for-Health-Equity.pdf

Key Findings:

- Community-level data including:
- % below federal poverty line, life expectancy, median income, % unemployment, rent-burdened households, % low birthweight, infant mortality per 1000, teen births per 1000

Source: Alliance for Health Equity Community Health Needs Assessment: Focus Group Report

Citation/Link: https://allhealthequity.org/wp-content/uploads/2019/06/Final_Focus-Group-Report_Alliance-for-Health-Equity.pdf

Key Findings:

- Methodology for facilitating focus groups
- Community needs identified by focus groups for target community-areas

Source: Illinois Partners for Human Service Workforce Report

Citation/Link: Illinois Partners for Human Service (2021). (rep.). *More Essential Than Ever: Rebuilding the Illinois Health and Human Services Workforce in the Wake of the COVID-19 Pandemic*.

Key Findings:

- The health and human services workforce is majority female. Black and Latina/x/o people are disproportionately represented among lower-wage, frontline staff. Therefore, investing in the health and human services workforce is inherently a gender and racial equity issue.
- Community-based organizations are experiencing record levels of turnover and having unprecedented difficulty filling vacancies.

- Unlike other sectors, health and human service employers, dependent on state contracts and rate reimbursement, cannot raise the price of their goods or services to increase employee wages. Therefore, the state must commit to bold and actionable fiscal and policy measures to ensure the sustainability of the health and human services workforce.

Secondary Data:

Source: Austin Quality of Life Plan

Citation/Link: https://drive.google.com/file/d/1-t7l_6jodZtW22GPK54NwjPeDX0qd6JK/view

Key Findings:

- The following were identified as issue areas: Community Narrative, Economic Development, Education, Housing, Public Safety, Youth Empowerment, and Civic Engagement

Source: North Lawndale Quality of Life Plan

Citation/Link: <https://nlcccplanning.org/home-3/north-lawndale-the-next-chapter-quality-of-life-plan/>

Key Findings:

- The following were identified as issue areas: Housing, Economic and Workforce Development, Transportation/Infrastructure/and Technology, Greening and Open Space, Arts and Culture, Health and Wellness, Public Safety, and Youth Education and Recreation

Source: Chicago Metropolitan Agency for Planning Community Data Snapshots

Citation/Link: <https://www.cmap.illinois.gov/data/community-snapshots>

Key Findings:

- Community-level data including:
- % below federal poverty line, median income, % unemployment, rent-burdened households, % low birthweight, infant mortality per 1000, teen births per 1000

Source: Chicago Police Department Crime Statistics Data

Citation/Link: <https://home.chicagopolice.org/statistics-data/crime-statistics/>

Key Findings:

- In 2021 on the West Side alone, there have been 903 shooting incidents

2. Attach the results of the data analyses used to design the project and any other relevant documentation. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

7. Health Equity and Outcomes

1. Name the specific healthcare disparities you are targeting in your service area, including by race and ethnicity. Describe the causes of these disparities that your project specifically seeks to address and explain why you have chosen to address these causes.

Several healthcare disparities will be addressed in the proposed service areas. Namely, the work will be focused on addressing trauma as well as treating its downstream symptoms. As one of the most segregated cities in the United States, the racial disparity between neighborhoods in Chicago mirrors several other disparities in the city and county (see table below). Specifically, the health disparities this proposal is targeting are mental illness and substance use disorders. The Center for Disease Control's Social Vulnerability Index combines factors such as poverty, lack of access to transportation, and crowded housing into its overall measure of vulnerability. According to these metrics, three of the five most socially vulnerable community areas in Illinois are the priority areas for this proposal: black and brown communities on Chicago's West Side, South Side, and the South Suburbs.

Mental Illness

According to the Transformation Data & Community Needs Reports for our three priority regions, mental illness is a key condition to address. There is a lack of access to behavioral health care for vulnerable populations in these areas that is driven by both resource gaps and other social determinants of health barriers (such as lack of access to transportation, unemployment, community violence, housing, etc.). Unsurprisingly, mental disorders (after childbirth) were the next most frequent hospital level encounter. The lack of resources and SDOH barriers are major contributors to the proliferation of mental illness in the priority regions.

Substance Use Disorders

In the same vein, substance use disorders are key conditions to address in our priority communities. Similarly, there is a lack of access to substance use treatment for vulnerable populations in these areas driven by both resource gaps and other social determinants of health barriers. SUD is also one of the top most frequent reasons for hospitalization in each of the three priority regions. Additionally, the two disease groups comprising the greatest percentage of readmissions and resource intensive hospitalizations were mental illness and substance use disorders¹.

As a collaborative of behavioral health providers, mental illness and substance use disorders are consistently top priorities to address in the community. The need for targeted services in these areas have been detailed in almost every report and data source referenced in this proposal. It is an opportunity to deploy an equity-focused, hyperlocal approach to a wide-range of Chicago and Cook County's most vulnerable communities in a way that has not been done before.

Exhibit 1

Community-Area	Zip Code	FPL< 100%	Median Income	% Unemployed Adults 16+	Rent-Burdened Households	No High-School Diploma	Life Expectancy Yrs.	% Low Birth-weight	Infant Mortality # per 1K	Teen Births # per 1K
CHICAGO*	Zip Code	19%	\$53,006	8.1%	35.6%	16%	77.4	10%	7	25
Near North Side*	60610	10.01%	\$106,026	2.8%	35.0%	1.8%	82.1	9.2%	6.8	13.9
Austin	60644	28.6%	\$31,920	17.7%	49.2%	22.9%	70.7	14.2%	10.7	44.7

¹ University of Illinois at Chicago, 2021, Transformation Data and Community Needs Report. Accessed 10 Nov. 2021.

West Garfield Park	60624	42.25%	\$24,852	20.08%	60.93%	26.9%	69.1	16.2%	8.7	54.2
East Garfield Park	60612	30.75%	\$46,189	9.92%	47.42%	21.7%	67.7	15.3%	13.3	43.8
Lower West Side	60608	25.8%	\$52,104	15.8%	44.15%	28.2%	82.9	8.5%	4.6	23.9
Near West Side	60607	20.6%	\$91, 125	10.7%	39.21%	6.5%	80	10%	7.1	15.0
Englewood	60621	45%	\$22,507	35%	56%	25%	72	17%	17.4	44.4
West Englewood	60636	36%	\$27,911	34%	45%	23%	69	16%	12.0	52.8
Auburn-Gresham	60620	29%	\$29,285	24%	45%	17%	72	15%	14	34.1
Roseland	60628	30%	\$38,562	26%	43%	15%	72	14%	12	33.3
Blue Island	60406	17.7%	\$48,398	10%	36.95%	21.6%	-	8.1%	-	-
South Deering	60617	30%	\$31,878	25%	37%	20%	75	11%	11	31.6
Hegewisch	60633	24.5%	\$57,151	6.2%	51.03%	16.3%	79.2	8.1%	9.2	30.4
South Shore	60649	38%	\$26,906	21%	53%	12%	72	13%	13	37.5
Harvey	60426	32.8%	\$30,306	17.4%	48.18%	21.6%	73.7	11.5%	14.4	-

*for comparison to target communities

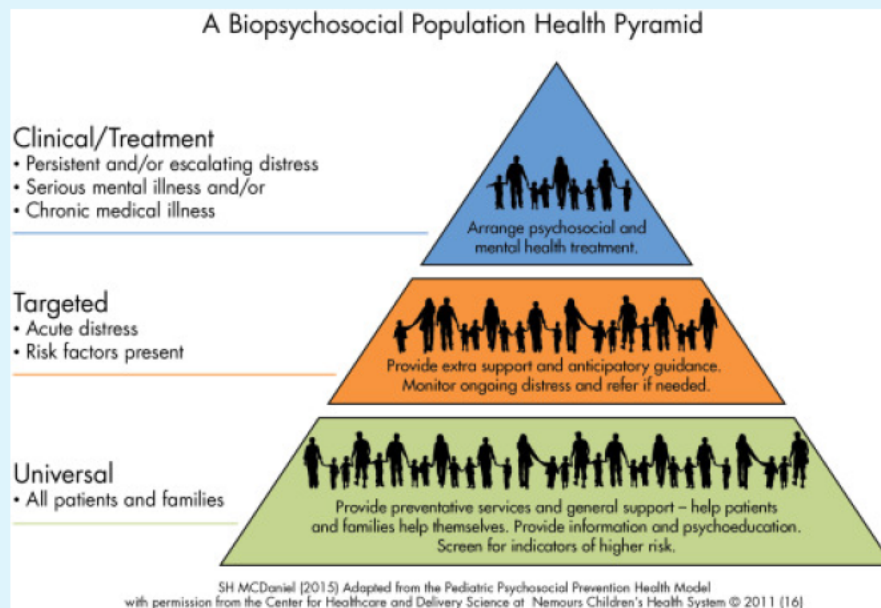
[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Mental Illness

Mobile Trauma Response Unit (MTRU): The MTRU will be comprised of 11 different teams across 11 BHC member organizations. BHC members will hire six Community Health Workers (CHWs) and one Manager (LPHA) to build out their team (with the exception of Heartland Alliance, who will hire one specialized Coordinator with a focus on the homeless population). Each team will be activated according to specific needs that arise in each member's priority communities. The MTRU will be activated following a crisis event (community violence, mental health crisis, substance use crisis, etc.) to provide wraparound services for community members who were directly or indirectly affected by the incident. The types of services provided will be tailored in response to the location and kind of crisis event or identified community need. Services may include screening for trauma, community engagement, SDOH needs assessments, referrals to care, mental health stigma reduction and other educational activities. Additionally, CHWs and people with lived experience (PWLE) will provide psychoeducational support to parents to aid in the early identification of behavior/symptoms that may result from exposure to traumatic events. The goal of the MTRU is to address trauma in real time as it occurs in the community as well as provide outreach, education and engagement in the zip codes of focus. The MTRU will be a resource to the entire neighborhood- individuals, families, schools, churches, law enforcement- to provide support in the face of a traumatic event. This approach aims to address trauma before it manifests into more severe downstream diagnoses, such as severe mental illness and/or substance use disorder. In addition to responding to crisis events, the MTRU will lead other outreach engagement events in the community to promote mental health awareness and education.

The three levels of preventive services (Universal, Targeted, and Clinical/Treatment) will be determined based on individual need. Individuals who are subclinical fall under the Universal level of preventive services, those who are symptomatic will receive Targeted preventive services, and those experiencing MI/SUD and need linkage to crisis stabilization will receive Clinical/Treatment services. (see Exhibit 2 below)



Providing preventive upstream support will help prevent hospitalizations for more severe illnesses as well as reduce hospital readmission rates.

Substance Use Disorders

Mobile Medication First: The provision of Medication Assisted Treatment (MAT) and related recovery support services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals in underserved communities who are unable to access traditional brick and mortar SUD treatment facilities. Data on treatment outcomes show that mobile services can engage individuals who otherwise encountered insurmountable barriers to treatment access. The availability of Naloxone distribution services through the mobile unit is expected have additional impacts on decreasing opioid-related overdoses. The MAT services to be provided by the mobile unit include the following: Outpatient Methadone Treatment, Naltrexone Injection Services, Buprenorphine.

Crisis Stabilization Center: To further support individuals experiencing SUD/ODU crises, a crisis stabilization space will be built. This space will have a range of housing options including crisis stabilization (8 to 10 beds), with a step down to supervised residential for those who need further monitoring (i.e. medication compliance, developing independent living skills, etc.) including 10-12 beds, and finally a permanent supportive housing unit for individuals who are high utilizers and demonstrate the need for long-term intensive case management (approximately 18 beds). This housing continuum will reduce the over utilization of hospital ED and inpatient stays and have a positive impact on reducing the number of persons with SMI/SUD that are incarcerated at the Cook County Jail.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

This proposal is addressing multiple levels of the healthcare system to transform it. The comprehensive menu of activities provides robust resources for communities struggling with mental illness and substance use disorder. In addition, **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative** is deeply engaged with key community partners as exemplified by the 70+ letters of support, these groups and organizations will be connected to this work and will provide feedback and will help to ensure the success of the proposal. Utilizing a hyper-local, neighborhood approach requires that providers work tightly with community and system partners. This effort is truly transformational because it works to engage system stakeholders and providers together to improve health at the zip-code level.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

8. Access to Care

1. Name the specific obstacles or barriers to healthcare access you are targeting in your service area. Describe the causes of these obstacles that your project specifically seeks to address and explain why you have chosen to address these causes.

Shortage of mental health and substance use treatment providers

In 2012, the City of Chicago shut down six of its 12 community mental health clinics. Four of these clinics were located on the South Side. Shortages of mental health and substance use treatment professionals in the community exacerbate an overreliance on institutions, including jails and prisons, for initiation of treatment¹. In the community input survey and focus groups facilitated by the Alliance for Health Equity, community members reported difficulty accessing services and described mental health center closures in Chicago and an overall shortage of providers, especially on the South Side of Chicago and south Suburban Cook County. Additionally, large areas of West Chicago, South Chicago, and South Cook County are HRSA mental health professional shortage areas. As providers of mental health and substance use disorder services, we believe that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

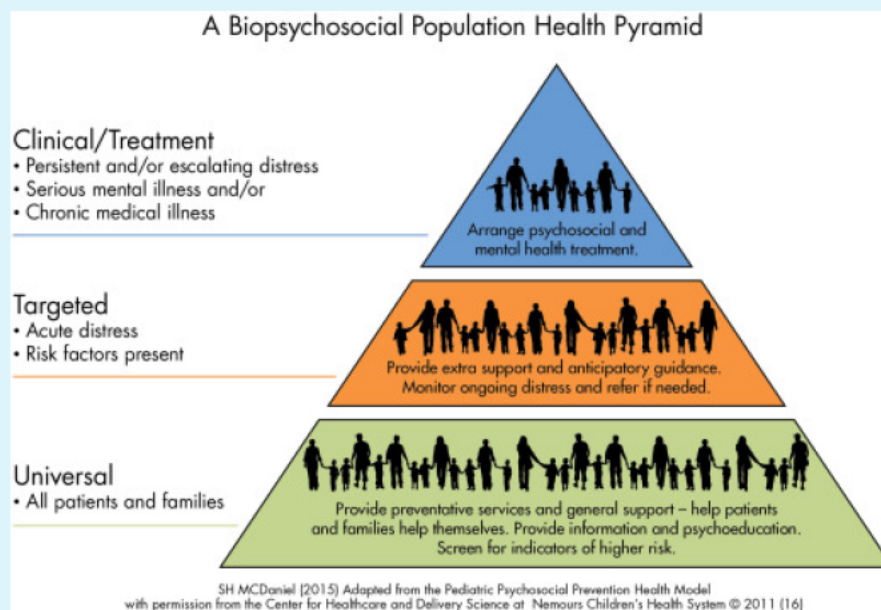
2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

SDOH Screener: Screening process for the MTRU to track folks and link to resources to clinical care and addressing the SDOH.

Mobile Trauma Response Unit (MTRU): The MTRU will be comprised of 11 different teams across 11 BHC member organizations. BHC members will hire six Community Health Workers (CHWs) and one Manager (LPHA) to build out their team (with the exception of Heartland Alliance, who will hire one specialized Coordinator with a focus on the homeless population). Each team will be activated according to specific needs that arise in each member's priority communities. The MTRU will be activated following a crisis event (community violence, mental health crisis, substance use crisis, etc.) to provide wraparound services for community members who were directly or indirectly affected by the incident. The types of services provided will be tailored in response to the location and kind of crisis event or identified community need. Services may include screening for trauma, community engagement, SDOH needs assessments, referrals to care, mental health stigma reduction and other educational activities. Additionally, CHWs and people with lived experience (PWLE) will provide psychoeducational support to parents to aid in the early identification of behavior/symptoms that may result from exposure to traumatic events. The goal of the MTRU is to address trauma in real time as it occurs in the community as well as provide outreach, education and engagement in the zip codes of focus. The MTRU will be a resource to the entire neighborhood- individuals, families, schools, churches, law enforcement- to provide support in the face of a traumatic event. This approach aims to address trauma before it manifests into more severe downstream diagnoses, such as severe mental illness and/or substance use disorder. In addition to responding to crisis events, the MTRU will lead other outreach engagement events in the community to promote mental health awareness and education.

¹ Alliance for Health Equity, 2019, Community Health Needs Assessment for Chicago and Suburban Cook County. Accessed 10 Nov. 2021.

The three levels of preventive services (Universal, Targeted, and Clinical/Treatment) will be determined based on individual need. Individuals who are subclinical fall under the Universal level of preventive services, those who are symptomatic will receive Targeted preventive services, and those experiencing MI/SUD and need linkage to crisis stabilization will receive Clinical/Treatment services. (see Exhibit 1 below)



Mobile Medication First: The provision of Medication Assisted Treatment (MAT) and related recovery support services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals in underserved communities who are unable to access traditional brick and mortar SUD treatment facilities. Data on treatment outcomes show that mobile services can engage individuals who otherwise encountered insurmountable barriers to treatment access. The availability of Naloxone distribution services through the mobile unit is expected have additional impacts on decreasing opioid-related overdoses. The MAT services to be provided by the mobile unit include the following: Outpatient Methadone Treatment, Naltrexone Injection Services, Buprenorphine.

Crisis Stabilization Center: To further support individuals experiencing SUD/OD crises, a crisis stabilization space will be built. This space will have a range of housing options including crisis stabilization (8 to 10 beds), with a step down to supervised residential for those who need further monitoring (i.e. medication compliance, developing independent living skills, etc.) including 10-12 beds, and finally a permanent supportive housing unit for individuals who are high utilizers and demonstrate the need for long-term intensive case management (approximately 18 beds). This housing continuum will reduce the over utilization of hospital ED and inpatient stays and have a positive impact on reducing the number of persons with SMI/SUD that are incarcerated at the Cook County Jail.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

Each of the proposed activities addresses historic barriers to care and creates more pathways for individuals to get the resources and treatment they need.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

9. Social Determinants of Health

Note on the significance of social determinants of health:

A full 50% of a person's health outcomes can be attributed to social determinants of health (that is, factors such as education, economic stability, housing, access to healthy food, access to transportation, social support and environment). Given this, we are looking for collaborations that meaningfully address social determinants of health in coordination with physical and behavioral health.

1. Name the specific social determinants of health you are targeting in your service area. Describe the causes of these social determinants that your project specifically seeks to address and explain why you have chosen to address these causes.

The number one driver of medical costs are social determinants of health (SDOH). The BHC is uniquely positioned to address SDOH because the work member organizations do in the community addresses both behavioral health treatment needs as well as SDOH needs. The BHC recognizes the importance of providing and connecting the people we care for to services that impact the social determinants of health.

Unemployment

Unemployment and underemployment in Chicago and Suburban Cook County are often associated with a history of disinvestment and economic segregation. Unemployment and underemployment can create financial instability, which influences access to health care services, insurance, healthy foods, stable quality housing, and other basic needs. Currently unemployment rates for adults over age 16 in Cook County (10%) are slightly higher than the state (8%) and national averages (7%) and have shown an overall decline since 2013. However, higher rates of unemployment are concentrated in communities of color in the West and South regions of the city and suburbs. In addition, the rates of unemployment for African American/blacks are more than five times higher than whites in Chicago and more than two times higher than whites in Suburban Cook County¹.

Housing

Poor housing conditions are associated with a wide range of health conditions including respiratory infections, asthma, lead poisoning, injuries, and mental health (Krieger & Higgins, 2002). As a result, addressing housing issues offers a unique opportunity to address an important social determinant of health (Krieger & Higgins, 2002). Existing research has confirmed that there are at least four direct pathways in which housing impacts health: stability, affordability, quality and safety, and neighborhood. (Taylor, 2018) Providing individuals and families with stable housing can improve health and reduce health care costs.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. What activities will your collaborative undertake to address the disparities mentioned above? What immediate, measurable, impacts will follow from these activities that will show progress against the obstacles or barriers you are targeting?

Mobile Trauma Response Unit (MTRU) members will utilize a screener process to assess for needs associated with social determinants of health. Once needs are identified, the individual will be connected to the appropriate resources. The MTRU member will follow-up with the individual 3 days, 1 week, and 1 month post referral to provide any additional support and check if the resource was indeed utilized.

¹ Alliance for Health Equity, 2019, Community Health Needs Assessment for Chicago and Suburban Cook County. Accessed 10 Nov. 2021.

Additionally, a specialized MTRU team run by Heartland Alliance Health will focus solely on individuals experiencing homelessness and provide support and resources.

The Behavioral Health Training Institute will address unemployment and underemployment in our target communities through an equity-centered recruitment and hiring strategy. The purpose of the Institute is to create workforce ladders for staff – who will be recruited from the community – to move into additional behavioral health careers. By providing sustained training to staff members, we are creating a foundation for our workforce to succeed. Additionally, living stipends will be set aside for those participants who decide to take the course offerings to offset lost work hours, transportation, childcare, food, and housing costs. Evidence shows that attrition in the behavioral health field is due largely in part to a lack of social support. Providing this financial resource for participants will enable them to continue with their professional development, while contributing to a stronger future workforce.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Why will the activities you propose lead to the impact you intend to have?

Providing a linkage to care with consistent follow up increases the individual's likelihood of utilizing the needed resource.

In addition, the proposal is building a durable training and education program that is working to identify people in the community to be employed as the Mobile Trauma Response Unit community health workers. The employees recruited will be from the community of focus and will have an opportunity to build skills and potentially build a career serving behavioral health needs in the community, which is desperately needed across the Chicago-Cook Communities.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

10. Care Integration and Coordination

1. Describe how your proposal improves the integration, efficiency, and coordination of care across provider types and levels of care.

The Behavioral Health Consortium of Illinois, LLC (BHC) includes providers of mental health and substance use disorder services for both adult and youth populations. Through its member organizations, individuals have access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The purposes of the BHC is: (a) to operate a network of clinically-integrated behavioral health service providers in Cook County and its surrounding communities who serve as preferred providers to CountyCare and other third-party payors; (b) to share best practices and promote evidence based practice for the provision of high quality behavioral health services; (c) to achieve efficiencies among the member organizations; and (d) to provide behavioral health services over a broader continuum of care inclusive of the social determinants of health.

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative through a Comprehensive Continuum of Trauma Response and Prevention model, we intend to impact the prolonged effects of systemic racism and trauma in Chicago and Cook County's historically underserved communities. Using a strength-based approach, we plan to close the loop on the continuum of care by preventing the spread effect of trauma and its downstream consequences at the neighborhood level through outreach, education, and prevention strategies.

High quality primary and behavioral healthcare is vital but under supported in the United States. In communities with more primary and behavioral health care resources, people live longer, healthcare costs are lower, and there is greater health equity than in areas with less primary and behavioral healthcare infrastructure¹. The increased engagement and linkage to care is critical to improving health outcomes for the communities of focus.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Do you plan to hire community health workers or care coordinators as part of your intervention?

☒ Yes

☐ No

2A. Please submit care coordination caseload numbers and cost per caseload (stratified by risk, if applicable).

	Year 1	Year 2	Year 3	Year 4	Year 5	Notes
CHW Salary	45,000	47,700	50,562	53,596	56,811	Inflation Adjusted Wages
CHW Benefits	13,500	14,310	15,169	16,079	17,043	30% Fringe Benefit
Annual Cost	58,500	62,010	65,731	69,674	73,855	Cost Per FTE
Months Per Year	12.0	12.0	12.0	12.0	12.0	
Cost Per Month	4,875	5,168	5,478	5,806	6,155	Annual Cost Per FTE / 12 Months
Cases Per Month	60.0	60.0	60.0	60.0	60.0	Per FTE

¹ National academy of sciences, engineering and medicine 2021.

Monthly Cost Per Case	81.25	86.13	91.29	96.77	102.58	FTE Cost Per Month / FTE Cases Per Month
There are a total of 60 FTEs with caseloads. The <u>monthly cost per case</u> for Years 1-5 is detailed above.						

[2A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Are there any managed care organizations in your collaborative?

- ☐ Yes
☒ No

3A. Please list the names of the managed care organizations in your collaborative.

N/A

3A. If no, do you plan to integrate and work with managed care organizations?

- ☒ Yes
☐ No

3B. Please describe your collaborative's plans to work with managed care organizations.

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative: Project Upstream has shared this proposal with County Care. The Collaborative plans to keep County Care and other health plans updated regarding the progress of this proposal and will work to demonstrate value and impact through the collection of outcome data.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

11. Minority Participation

1. Please provide a list of entities that will be a part of your collaboration/partnership that are certified by the Illinois Business Enterprise Program (BEP) and/or not-for-profit entities majorly controlled and managed by minorities that will be used on the project as subcontractors or equity partners.

Note on BEP partners/vendors:

If one of the members of your collaboration already contracts with a BEP-certified firm or a not-for-profit entity that is majorly controlled and managed by minorities, only include the services of the firm that will be used on this project.

To be included, these services must increase the entity's volume of work above the level of services already provided to the collaborating member.

Resource to help you search for/identify BEP-certified vendors in Illinois:

If you are seeking BEP-certified entities to partner/collaborate with, you may consult our resource guide linked below on How to Look Up BEP-Certified Vendors in the State of Illinois.

Download resource:

How to Look Up BEP-Certified Vendors in the State of Illinois.pdf

List entities here:

1. Bobby E. Wright Comprehensive Behavioral Health Center, Inc.
2. Habilitative Systems Inc. (HSI)
3. Human Resources Development Institute, Inc. (HRDI)
4. South Suburban Council on Alcoholism and Substance Abuse

2. Please describe the respective role of each of the entities listed above, and specify whether they will have a role only during the implementation of your proposal or if they will have a role in the ongoing operation of your transformed delivery system.

Each of the entities listed above is a member of the BHC and is participating fully in the implementation of this proposal. Activities include fielding an MTRU team and participating in the governance structure of the program throughout the funding period.

[2 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Note for those wishing to apply for BEP certification:

We recognize that some individuals encountering this application may wish to gain BEP certification. Follow this link to the state's Business Enterprise Program webpage to begin the application process.

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

12. Jobs

Existing Employees

1. For collaborating providers, please provide data on the number of existing employees delineated by job category, including the zip codes of the employees' residence and benchmarks for the continued maintenance and improvement of these job levels.

All job category, zip code, and additional employee data is included in Exhibit 12.1 (attached).

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

New Employment Opportunities

2. Please estimate the number of new employees that will be hired over the duration of your proposal.

79

3. Describe any new employment opportunities in the future alignment of your proposal and how those opportunities reflect the community you serve.

Through the creation of the Mobile Trauma Response Unit (MTRU), this proposal will create several positions for community health workers. It is crucial that the individuals we recruit to these positions will reflect the communities we serve. A strategic recruitment effort will be developed to ensure that the individuals hired on will be trusted ambassadors to their communities. These trusted messengers will be the bridges between the BHC's behavioral health providers and their communities. They will provide subject matter expertise on how to best conduct outreach to specific communities, provide strategic direction on the prioritization of community needs, and provide culturally competent care.

[3 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

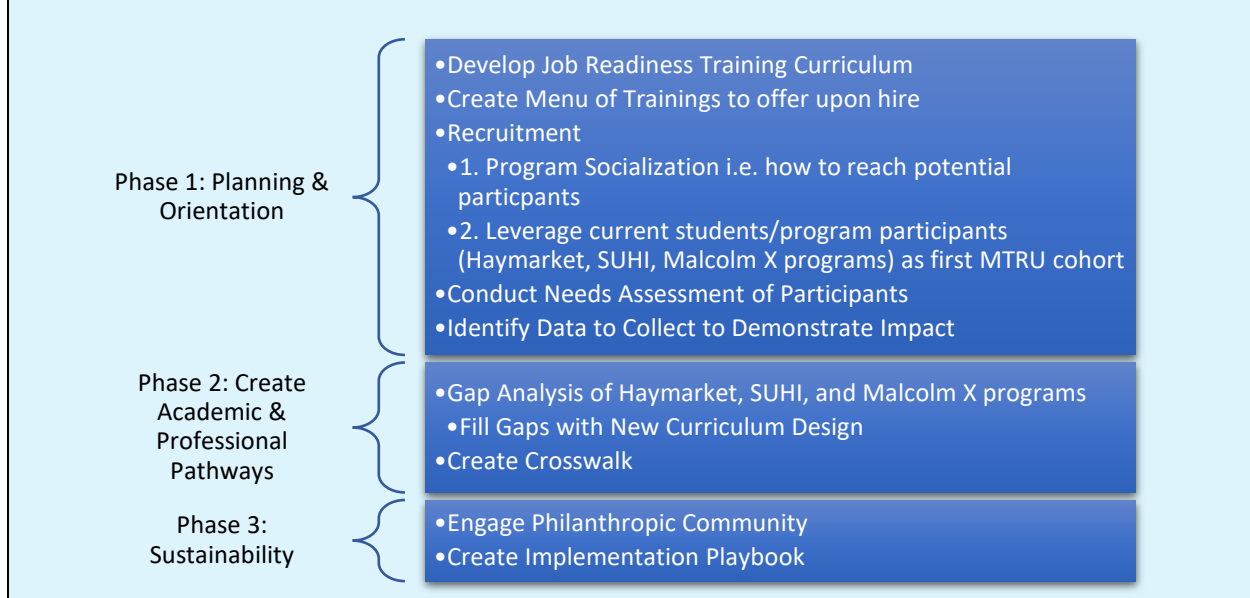
4. Please describe any planned activities for workforce development in the project.

BHC Training Institute

In the current behavioral health workforce landscape, the rate of burn out and attrition is outpacing the rate of hiring. The Institute will provide workforce development training and create pathways to professional advancement in behavioral health care for our MTRU staff. We will work to elevate staff by providing opportunities to engage in clinical work, as well as provide training and certification programs through a curriculum developed in partnership with Malcolm X College, Haymarket Center, and Sinai Urban Health Institute. The curriculum will specifically be provided to the staff of the MTRU. The purpose of the Institute is to create workforce ladders for our staff to move into additional behavioral health careers. By providing sustained training to staff members, we are creating a foundation for our workforce to succeed. Additionally, living stipends will be set aside for those participants who decide to take the course offerings to offset lost work hours, transportation, childcare, food, and housing costs. Evidence shows that attrition in the behavioral health field is due largely in part to a lack of social support. Providing this financial resource for participants will enable them to continue with their professional development, while contributing to a stronger future workforce.

Additionally, first dollar scholarships will support selected students at Malcom X College and help build a pipeline to employment as Community Health Workers on this project. The selection process would offer guaranteed employment to students who first start by going through the Malcolm X CHW program and guide them into the Institute's workforce program as a full-time CHW.

Attached in Exhibit 12.2 is a high-level model of the phased workforce development approach.



[4 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

13. Quality Metrics

Alignment with HFS Quality Pillars

In order to complete this section, you will need to reference the HFS Quality Strategy document linked below.

HFS Quality Strategy:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/IL20212024ComprehensiveMedicalProgramsQualityStrategyD1.pdf>

1. Tell us how your proposal aligns with the pillars and the overall vision for improvement in the Department's Quality Strategy.

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative seeks to improve outcomes in the delivery of healthcare at a community level, and is in alignment with the Department's goals below in the following ways.

HFS HTC Quality Metrics Program goals:

- *Improve integration of physical and behavioral health*
 - The **Behavioral Health Consortium of Illinois, LLC** (BHC) includes providers of mental health and substance use disorder services for both adult and youth populations. Through its member organizations, individuals have access to a robust continuum of community-based outpatient and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County.
 - Linkage to Primary Care Medical Homes: Primary Care Medical Homes are essential to individual's long-term health. We will screen and identify individuals who are insured and link them to their primary care medical home if not linked. For those uninsured individuals, we will work to identify linkages to Medicaid and other public benefits.
- *Improve care coordination and access to care for individuals with alcohol and/or substance use disorders*
 - The purposes of the BHC is: (a) to operate a network of clinically-integrated behavioral health service providers in Cook County and its surrounding communities who serve as preferred providers to CountyCare and other third-party payors; (b) to share best practices and promote evidence based practice for the provision of high quality behavioral health services; (c) to achieve efficiencies among the member organizations; and (d) to provide behavioral health services over a broader continuum of care inclusive of the social determinants of health. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness.
 - Our program will be the connective tissue that 1) provides subclinical individuals with the education and services necessary to prevent chronic behavioral conditions from forming, with the goal of preventing another generation of high utilizers and poor health outcomes and 2) give people immediate access to care and treat the social determinants of health that keep people locked into intergenerational poverty.
 - Mobile Medication First: The provision of Medication Assisted Treatment (MAT) and related recovery support services via mobile health vehicles is an emerging and novel approach to reducing barriers to access, by widening the net of available services particularly to individuals in underserved communities who are unable to access traditional brick and mortar SUD treatment facilities. Data on treatment outcomes show that mobile services can engage individuals who otherwise encountered insurmountable barriers to treatment access. The availability of Naloxone distribution services through the mobile unit is expected have

additional impacts on decreasing opioid-related overdoses. The MAT services to be provided by the mobile unit include the following: Outpatient Methadone Treatment, Naltrexone Injection Services, Buprenorphine.

- Crisis Stabilization Center: To further support individuals experiencing mental health and co-occurring MI/SUD crises, a crisis stabilization space will be built. This space will have a range of housing options including crisis stabilization (8 to 10 beds), with a step down to supervised residential for those who need further monitoring (i.e. medication compliance, developing independent living skills, etc.) including 10-12 beds, and finally a permanent supportive housing unit for individuals who are high utilizers and demonstrate the need for long-term intensive case management (approximately 18 beds). This tertiary/clinical/treatment level of prevention (housing continuum) will reduce the over utilization of hospital ED and inpatient stays and have a positive impact on reducing the number of persons with SMI/SUD that are incarcerated at the Cook County Jail. The Crisis Stabilization Center will leverage existing Crisis stabilization beds at Haymarket Center and provide a seamless transition for persons with MI/SUD who are assessed at the Westside Community Triage and Wellness Center who are homeless. Additionally, it is anticipated that outreach and engagement activities within the identified zip codes on the West Side will further identify individuals in need of this service and prevent them from utilizing ED services to meet their needs.

The specific pillars our proposal aligns with are: adult behavioral health, child behavioral health, equity, and community-based services and supports.

[1 - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Does your proposal align with any of the following Pillars of Improvement?

2A. Maternal and Child Health?

- ☐ Yes
☒ No

Maternal and Child Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

<<Insert Text Here>>

[Maternal and Child Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2B. Adult Behavioral Health?

- ☒ Yes
☐ No

Adult Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

- Metric 1. Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
- 7-Day
 - 30-Day

Metric 2. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

- 7-Day
- 30-Day

Metric 3. Pharmacotherapy for Opioid Use Disorder (POD)

Metric 4. MTRU response to traumatic event in the community (i.e. psychoeducation)

- 48 hours, 72 hours maximum

[Adult Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2C. Child Behavioral Health?

☒ Yes

☐ No

Child Behavioral Health: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

Metric 1. Follow-Up After Emergency Department Visit for Mental Illness (FUM)—6-17 years of age stratification

- 7-Day
- 30-Day

Metric 2. Conduct ACES screening

Metric 3. Assess level of impact of trauma exposure in families and provide psychoeducation using Post Trauma Risky Behaviors Questionnaire¹

[Child Behavioral Health - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2D. Equity?

☒ Yes

☐ No

Equity: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

Metric 1. Adults' access to preventive/ambulatory health services

Metric 2. Administer Mental Illness Stigma Scale²

- Pre assessment
- Post assessment

Metric 3. Administer the *Stressful Life Experiences Screening Tool* to assess for trauma history among those with OUD

[Equity - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

2E. Community-Based Services and Supports?

☒ Yes

☐ No

¹ Contractor, A. A., Jin, L., Weiss, N. H., & O'Hara, S. (2021). A psychometric investigation of the diagnostic utility of the Posttrauma Risky Behaviors Questionnaire. *Psychiatry Research*, 296, 113667. <https://doi.org/10.1016/j.psychres.2020.113667>

² *The British Journal of Psychiatry*, Volume 190, Issue 3, March 2007, pp. 248 – 254 DOI: <https://doi.org/10.1192/bjp.bp.106.024638>

Community-Based Services and Supports: Propose measurable quality metrics you propose to be accountable for improving. You should choose at least one metric from the quality strategy.

Metric 1. Track # of individuals linked to community-based care vs. those referred to in-patient or ED services

[Community-Based Services and Supports - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

3. Will you be using any metrics not found in the quality strategy?

☒ Yes

☐ No

3A. Please propose metrics you'll be accountable for improving and a method for tracking these metrics.

We propose to track and improve the following metrics:

Metric 1. Adult Behavioral Health/Child Behavioral Health: Track MTRU response time to traumatic event in the community (i.e. psychoeducation)

- 48 hours, 72 hours maximum

Metric 2. Child Behavioral Health: Conduct ACES screening

Metric 3. Child Behavioral Health: Assess level of impact of trauma exposure in families and provide psychoeducation

Metric 4. Equity: Administer Mental Illness Stigma Scale³

- Pre assessment
- Post assessment

Metric 5. Equity: Administer the *Stressful Life Experiences Screening Tool* to assess for trauma history among those with OUD

Metric 6. Community-Based Services and Supports: Track # of individuals linked to community-based care vs. those referred to in-patient or ED services

Tracking the above metrics will be included in the program evaluator's scope of work.

[3A - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

Note: Once metrics are agreed upon in the negotiated funding agreement, HFS will proceed to establish a baseline for the service community, a tracking process, and negotiated improvement targets.

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

³ [The British Journal of Psychiatry](https://doi.org/10.1192/bjp.bp.106.024638), Volume 190, Issue 3, March 2007, pp. 248 – 254 DOI: <https://doi.org/10.1192/bjp.bp.106.024638>

14. Milestones

For all activities described in your proposal, please provide a calendar of milestones to show progress (e.g., when IT will be purchased, when IT will be operative, when construction projects will begin and end, when people will be hired, etc.) The timeline should be in months from award.

Please see the attachment Exhibit 14.0 for the milestones for this proposal.

The following is a list of milestones and activities for the first, second, third, fourth, and fifth year of the Collaborative. Year one includes a calendar of milestones by month in two parts - planning and infrastructure and implementation. Milestones for years two, three, four, and five are calendared quarterly. Please refer to Exhibit 1.

Planning, Infrastructure		Year 1 (M=month)					
Milestone	Tasks- Planning	M1	M2	M3	M4	M5	M6
1	Convene governance committee. Set project priorities and meeting cadence	X					
2	Convene educational partners (Haymarket, Malcom X, Sinai Urban Health Institute)	X					
3	Identify program evaluator, fiscal sponsor		X				
4	Develop equity-centered hiring strategy		X				
5	Identify community advisory committee participants			X			
6	Develop job readiness training curriculum for Executive Staff, Mobile Medication First Unit and Mobile Trauma Response Unit (MTRU) staff			X	X		
	Tasks- Staffing and Infrastructure	M1	M2	M3	M4	M5	M6
7	Execute contracts with program evaluator, fiscal sponsor			X	X		
8	Recruit project staff			X	X		
9	Purchase IT equipment/office supplies				X		
10	Purchase methadone dispensing system, security system, and safe				X		

11	Purchase vehicle for mobile medication first unit				X		
12	Hire executive staff				X		
13	Train and onboard executive staff					X	
14	Hire MTRU staff						X
15	Hire Mobile Medication First staff						X
16	Quarterly community advisory committee meeting #1						X

Project Implementation		Year 1					
Milestone	Tasks- Implementation	M7	M8	M9	M10	M11	M12
17	Train and onboard MTRU staff	X					
18	Conduct needs assessment of MTRU staff	X					
19	Conduct outreach and education events with priority zip codes		X	X	X	X	X
20	Begin operation of Mobile Medication First unit		X				
21	Quarterly community advisory meeting #2			X			
22	Break ground for Crisis Stabilization Space			X			
23	Quarterly community advisory committee meeting #3						X

Implementation		Years 2, 3, 4, and 5			
Milestone	Tasks- Implementation	Q1	Q2	Q3	Q4
1	Expand to other priority zip codes	X			
2	Create training & education implementation playbook	X			
3	Engage philanthropic community				X
4	Program evaluation report out	X	X	X	X
5	Quarterly community advisory committee meeting	X	X	X	X

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

15. Budget

1. Annual Budgets across the Proposal

In order to fill out budgets correctly, please view these technical video instructions for completing a budget.

Use the Excel template below to list the line items of your budget. Working within one single Excel file, fill out sheets for each year that you are requesting funds.

Please check that all totals are correctly calculated, especially if you have added new rows to the spreadsheet.

Applicants are responsible for submitting accurate totals. Note: This spreadsheet has been locked, but not password protected.

Some aspects of your budget request may be funded out of state capital dollars and not transformation funds. HFS will make decisions on funding source. Include all expenses for which you seek reimbursement in your budget regardless of funding source

NOTE: Your budget should demonstrate a clear ramp down of reliance on Transformation funding and a ramp up of reimbursements for services and other funding sources that show sustainability over time.

HTC Annual Budgets Template

HTC Budget Template.xlsx

When completed, please upload your spreadsheet here.

[Budget - Optional] Please upload here any additional documentation or narrative you would like to provide around your budget. Include any documentation regarding budget items in the Construction category (drawings and estimates, formal bids, etc.) (Note: if you wish to include multiple files, you must combine them into a single document.)

2. Number of Individuals Served

Please project the number of individuals that will be served in each year of funding.

Year 1 Individuals Served

54,000

Year 2 Individuals Served

110,000

Year 3 Individuals Served

192,375

Year 4 Individuals Served

222,750

Year 5 Individuals Served

259,875

Year 6 Individuals Served

N/A

3. Alternative Payment Methodologies

Outline any alternative payment methodologies that your proposal might utilize for receiving reimbursement for services from MCOs.

The Collaborative will work with health plans to demonstrate the need for a value-based arrangement for the Mobile Trauma Response Units. The impact that is expected will be at the zip code level, improving the health in the community, building capacity of the behavioral health workforce across the region and strengthening neighborhood resilience.

In addition, we hope that the value of this type of behavioral health community health worker, who is trained in trauma response and prevention will be demonstrated in the implementation of this proposal demonstrating value to the Medicaid program.

[Alternative Payment Methodologies - Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.

16. Sustainability

Include a narrative that describes how your budget will decrease reliance on Transformation funding over time and how reimbursements for services and other funding sources will increase and establish sustainability over time. (i.e., how will your project continue to operate without HTC funding?)

In particular, include how services that address social determinants of health will be funded on an ongoing basis (for example, through existing payment models, alternative payment methodologies for Medicaid services, or through other funding sources).

In your narrative, highlight any key assumptions that are critical to making your project sustainable.

Provide your narrative here:

Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative will ensure sustainability in three ways:

- 1) Revenue can be generated for the work of the community health workers for specific interventions and engagements.
- 2) Value-based arrangements can be developed with MCOs based on outcomes per zip code. Evaluation and the tracking of metrics will ensure that the information needed for this arrangement will be available.
- 3) The Collaborative will work to demonstrate community engagement is critical to improve the health of a zip-code, this will be shared with the Medicaid program.
- 4) The educational components and job training programs will move into the educational setting and will be a long-lasting sustainable product of this work.
- 5) The Crisis Stabilization Unit will be sustained by revenue that will be generated when it is fully engaged.
- 6) The data, evaluation and communication infrastructure that is funded to support this work facilitated by the BHC will serve to generate long-standing capacity for these organizations to work collaboratively and in an aligned way to better serve the communities most in need. These organization are majority minority led and have strong connectivity with the community as demonstrated by the 70 letters of support for this proposal.

[Optional] Please upload any documentation or visuals you wish to submit in support of your response. (Note: if you wish to include multiple files, you must combine them into a single document.)

When you're finished answering the questions on this page, click Mark as Complete. An application cannot be submitted until all pages are marked as complete. Not finished with this page yet? Click Save or Save & Continue to fill out the missing information at a later time.



The Church with a Heart for God's People!

Rev. Ira J. Acree, Senior Pastor
1256 North Waller, Chicago, IL 60651
773-378-3300
www.gsjbchurch.org

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Greater St. John Bible Church**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Rev. Ira J. Acree

Rev. Ira J. Acree, Senior Pastor
Greater St. John Bible Church

November 3, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Sinai Urban Health Institute, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

Sinai Urban Health Institute's Center for CHW Research, Outcomes and Workforce Development (CROWD), has extensive experience designing and operationalizing learning collaboratives for community health workers (CHWs). These in-person or virtual sessions are designed to cultivate a community of practice where CHWs share learnings and best practices. Together with the CROWD training team, participants pose questions and concerns with their peers for feedback and support, creating new knowledge to advance the work. In addition to cultivating a positive and supportive learning environment for CHWs or those looking to enter the field, CROWD has developed a comprehensive CHW training program to provide people with a solid foundation to succeed in the role. This CORE skills training is eligible for course credit at Malcolm X College. We are piloting a new three month, Population Health training program in Spring 2022, to allow CHWs to receive specialized training in one of three areas: **Health education & disease management, Care Coordination or Behavioral Health**. SUHI's rich history in community health work have provided our trainers with a unique understanding of the role and how it functions in its various capacities.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Priscilla Bolander

Program Manager

Sinai Urban Health Institute

November 5, 2021

Ms. Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

I am writing to express my strong support for the Healthcare Transformation Collaboratives (HTC) application, led by the Behavioral Health Consortium (BHC), submitted to the Illinois Department of Healthcare and Family Services. In alignment with HTC aims, BHC seeks to create the *Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative*. The core elements proposed by the *Collaborative* include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.


Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations 1) provide quality health care that improves the well-being of the communities they serve; 2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; 3) seek to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; 4) build consensus and coalitions around important health issues leading to innovative solutions; and 5) serve low-income and underserved community areas.

TASC, Inc. (Treatment Alternatives for Safe Communities) is a not-for-profit organization with extensive experience in providing behavioral health recovery management services for individuals with substance use and mental health disorders, and facilitating access to community-based treatment and recovery for persons involved in Illinois' criminal justice, corrections, juvenile justice, child welfare, and other public systems. Since 1976, our organization has worked closely with healthcare providers, policymakers, academic institutions, and community representatives to see that underserved populations are linked to the services they need while achieving the most efficient use of clinical and financial resources. TASC currently provides direct services to thousands of adults and youth each year. A primary aim of our programming is to deliver appropriate solutions that result in positive, safe, healthy, and pro-social behavioral outcomes in collaboration with system partners.

The proposed *Collaborative* accomplishes the goals of the HTC, is community informed and, once funded, will maintain community input and engagement. To prevent trauma's downstream effects, this initiative will attend to systemic racism and trauma in Chicago and Cook County by utilizing known outreach, education, and prevention methods. There is no question that this collaborative model will address the well-understood pressing and urgent needs for behavioral health services, linkages, and early intervention. If funded, TASC will be happy to designate agency staff to serve on the *Collaborative's* advisory committee, and refer clients who might benefit from BHC partner services.

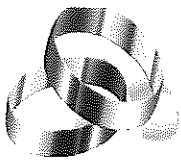
Again, TASC strongly supports the BHC on this important HTC initiative, which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

In service,



Joel K. Johnson
President & CEO

cc: Teresa Duran, Executive Assistant to President & CEO, TASC



Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the **Southland Human Services Leadership Council**, we would like to share our strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

We sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,


Bryan Dunlap
SHSLC Co-Chair
CEO
Community Service Partners, Inc.


Jay Readey
SHSLC Co-Chair
President
Neighborscapes





Neighbor Scapes

3011 West 183rd Street, #257, Homewood, IL 60430

Tel/Fax: 1-877-214-6630 | www.neighborscapes.org

SERVICE FOR YOUR NEIGHBORHOOD

11/8/2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of NeighborScapes, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

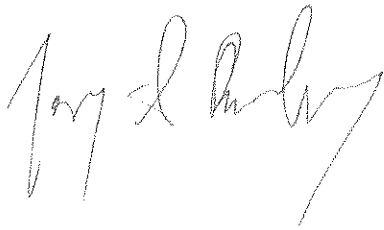
Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

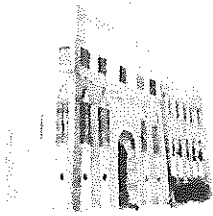
I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Warm Regards,

Jay Readey
President
NeighborScapes, NFP

A handwritten signature in black ink, appearing to read "Jay Readey". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.



JONES CENTER

Harold Colbert Jones Memorial Community Center

Providing a Doorway to Opportunity Since 1917

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Harold Colbert Jones Memorial Community Center (Jones Center)**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing. As a community-based organization serving the South Suburbs for over 100 years, we can attest to the need for these services.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of inequity and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. Thank you for your consideration.

Regards,

Cheryl L. Roop, Executive Director

*Strengthening Family Ties
Answering a Community Need
Emphasizing the Worth of God's Children
Since 1917*

Board of Directors

President:

James Siegfried

Vice President:

Robin Obregon

Treasurer:

Joyce Carter

Secretary:

Joseph Hernandez

Rosanne Ciambrone

Dwayne Edmondson

Kathleen Field-Orr

Helen Hill

Peter J. Holton

C.B. Kuzlik

Scott McElDowney

Pamela Sigler

Cheryl L. Roop

Executive Director



www.jonescenter.org

220 East 15th Street - Chicago Heights, IL 60411 - Phone (708) 757-5395 - Fax: (708) 757-3114

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Calumet Area Industrial Commission I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Meredith Thetford
Job Developer/Recruiter
Calumet Area Industrial Commission



Board of Directors

Larry Williams,
CPCU, CLU, ChFC
Chairperson
Agent, State Farm Insurance Company
Chicago, Illinois

Guido C. Girolami, CPA
Secretary/Treasurer
Callero & Callero, LLP
Niles, Illinois

Danny K. Davis (Emeritus)
Congressman, 7th Cong. District
Chicago, Illinois

Beverly Watts-Davis, MA
Chief Officer of Program Support and
Resource Development
WestCare Foundation
San Antonio, Texas

Janice Oda-Gray, MBA
CEO, Gray Financial Enterprise Corp.
Chicago, Illinois

Marco E. Jacome
MA, LPC, CAADC, CEAP
CEO, Healthcare Alternative Systems, Inc.
Chicago, Illinois

Michaelangelo McClendon, MS
Community Program Manager
Indiana Criminal Justice Institute
Indianapolis, Indiana

Louis Feider, MBA
Global Commercial Director
WPP
London, England

Rosario C. Pesce, PhD, NCSP, LCP
School and Clinical Psychologist
Consultant, Chicago, IL

John Becker, CPA (Ex-Officio)
Director of Finance
Prevention Partnership, Inc.
Chicago, Illinois

Executive Director

Albert L. Orsello, MS
Prevention Partnership, Inc.
Chicago, Illinois

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **South Suburban Council** I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.



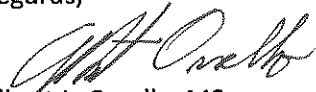
Positivity. Power. Perseverance.

5936 W. Lake Street • Chicago, Illinois 60644-1833 • Tel: (773) 378-4195
Fax: (773) 378-8190 • E-mail: aorsello@p2online.org
website: www.preventionpartnership.org

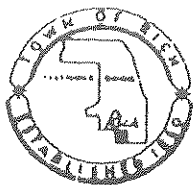
I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "A. Orsello", written in a cursive style.

Albert L. Orsello, MS
Executive Director



RICH Township

Supervisor
Calvin Jordan
Clerk
Arlene M. "Sugar" Al-Amin
Assessor
Sam Brown, CIAO
Highway Commissioner
Dennis A. White, Esq.
Trustees
Nick P. Bobis
Steven R. Burris
Therese H. Goodrich
Jacquelyn Small

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson:

On behalf of Rich Township, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

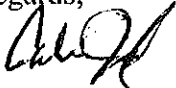
Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

Theresa Eagleson, MSN
November 5, 2021
Page 2

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read 'Calvin Jordan', written over the word 'Regards,'.

Calvin Jordan, Supervisor
Rich Township



November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of United Way of Metro Chicago, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. Thank you in advance for your consideration.

Regards,

A handwritten signature in black ink that reads "Maya Hardy".

Maya Hardy
Chief Professional Officer
United Way of Metro Chicago



DEBBIE MEYERS-MARTIN
STATE REPRESENTATIVE • 38TH DISTRICT

STATEREPCODEMM@GMAIL.COM
REPDEBBIEMEYERSMARTIN.COM

DISTRICT OFFICE:
813 SCHOOL AVE.
MATTESON, IL 60443
P: 708.833.7010
F: 708.248.5346

SPRINGFIELD OFFICE:
237-E STRATTON BUILDING
SPRINGFIELD, IL 62706
P: 217.558.1007

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

I, State Representative Debbie Meyers-Martin write in support of the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely endorse funding for this important application which will engage our high-risk communities in Suburban and Chicago Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you Director Eagleson for your consideration.

Best Regards,

Debbie Meyers-Martin



Leadership

Toni Preckwinkle
President, Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer, Cook County Health

Rachel Rubin, MD, MPH, FACP
Co-Lead and Senior Medical Officer

Kiran Joshi, MD, MPH
Co-Lead and Senior Medical Officer

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Robert Currie
Raul Garza

Ada Mary Gugenheim
Joseph M. Harrington
Karen E. Kim, MD, MS

Mike Koetting

David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH

Robert G. Reiter, Jr.

Otis L. Story, Sr.

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Cook County Department of Public Health (CCDPH)**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

CCDPH is the nationally accredited, state-certified local health department for 2.5 million residents and 120 Cook County suburbs. Through our behavioral health initiatives and across our programs, CCDPH works to achieve health equity for all suburban Cook County residents through its programs, services, and advocacy for the environmental and social conditions necessary for physical, mental, and social well-being. COVID-19 pandemic has exacerbated the need for linkages to care and comprehensive, compassionate behavioral health services. We will support the partners involved in suburban efforts and align with our programs.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities in Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness.

I sincerely recommend that you fund this important application to engage our high-risk communities in Suburban Cook County in a healing process that will promote resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in cursive script that reads "Kiran Joshi".

Kiran Joshi, MD, MPH
Senior Medical Officer and Co-Lead
Cook County Department of Public Health

ILLINOIS STATE SENATE

□ 323 State Capitol
Springfield, IL 62706



□ 1836 W. 35th Street
Chicago, IL 60609

ANTONIO MUÑOZ
STATE SENATOR • 1ST DISTRICT
ASSISTANT MAJORITY LEADER

November 8, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Regards,

A handwritten signature in black ink that reads "Antonio Muñoz". The signature is written in a cursive, flowing style.

Senator Antonio Muñoz
1st Senate District
Assistant Majority Leader

November 4, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the 25th Ward Aldermanic Office, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,



Byron Sigcho-Lopez
Alderman
25th Ward

Tuesday, November 9th, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read 'M Hadden'.

Maria Hadden
Alderwoman, Chicago's 49th Ward

COUNTY BUILDING
118 NORTH CLARK, ROOM 567
CHICAGO, ILLINOIS 60602
(T) 312-603-5443
(F) 312-603-3759
Alma.Anaya@cookcountyil.gov

DISTRICT OFFICE
4374 SOUTH ARCHER AVE.
CHICAGO, ILLINOIS 60632
(T) 773-376-2700
(F) 773-376-3320



ALMA E. ANAYA
COMMISSIONER- 7TH DISTRICT
COOK COUNTY BOARD OF COMMISSIONERS

VICE-CHAIR
Business and Economic Development
Pension

MEMBER
Asset Management
Contract Compliance
Criminal Justice
Finance
Health and Hospitals
Homeland and Security and Emergency
Management
Human Relations
Legislation and Intergovernmental Relations
Transportation
Workforce, Housing & Community
Development
Zoning and Building

November 9, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

RE: Support Letter for the Illinois Healthcare Transformation Collaborative (HTC)

Dear Director Eagleson,

I am writing in support of the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

As the Cook County Commissioner of the 7th district, I have witnessed firsthand the need for behavioral health services provided by trusted community providers. I believe BHC's proposed application to develop the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative will be able to provide much needed

services. Their efforts will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. If you have any questions, please feel free to contact me at alma.anaya@cookcountyil.gov.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Alma E. Anaya', with a stylized, flowing script.

Alma E. Anaya
Cook County Commissioner, 7th District

COUNTY BUILDING
118 North Clark Street - Suite 567
Chicago, IL 60602
(312) 603-6381

DISTRICT OFFICE
2515 Veterans Drive
Posen, IL 60469
(708) 371-4251



DEBORAH SIMS
COMMISSIONER - 5TH DISTRICT
COOK COUNTY BOARD OF COMMISSIONERS
DEBORAH.SIMS@COOKCOUNTYIL.GOV

November 10, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Cook County, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "Deborah Sims", is written over a faint, larger version of the same signature.

Deborah Sims
5th District Commissioner
President Pro-Tempore
Cook County Board of Commissioners

**Committee and Subcommittee
Memberships of
The County Board**

CHAIR

Roads & Bridges
Tax Delinquency

VICE CHAIR

Finance

MEMBER

Construction
Contract Compliance
Criminal Justice
Environmental Control
Finance
Health & Hospitals
Labor
Legislation &
Intergovernmental Relations
Rules & Administration
Workforce, Job Development
& Training Opportunities

**COMMITTEES OF THE
FOREST PRESERVE
DISTRICT**

MEMBER

Vice Chair-Capital Development
Finance
Labor
Rules

The 5th District of Cook County.
Bringing County Government to the People.



Printed on Recycled Paper



SUSAN SADLOWSKI GARZA
ALDERWOMAN, 10TH WARD

10500 S. Ewing Ave, Floor 1
Chicago, Illinois 60617
Ward Office Phone: (773) 768-8138
Ward Office Fax: (773) 768-8176
ward10@cityofchicago.org

CITY COUNCIL
CITY OF CHICAGO
COUNCIL CHAMBER

City Hall - Third Floor, Room 300
121 North LaSalle Street
Chicago, Illinois 60602
Workforce Development Office: (312) 744-3078

COMMITTEE MEMBERSHIPS

CHAIRWOMAN
COMMITTEE ON WORKFORCE DEVELOPMENT

Budget and Government Operations
Committees and Rules
Education and Child Development
Ethics and Government Oversight
Finance
Health and Human Relations
Special Events, Cultural Affairs, and Recreation
Workforce Development

November 8, 2021

Theresa Nihill, COO
Metropolitan Family Services
Member of the Behavioral Health Consortium
101 N. Wacker, 17th Floor
Chicago, IL 60606

Dear Theresa Nihill,

I Susan Sadlowski Garza Alderwoman of the 10th ward, would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred



SUSAN SADLOWSKI GARZA
ALDERWOMAN, 10TH WARD

10500 S. Ewing Ave, Floor 1
Chicago, Illinois 60617
Ward Office Phone: (773) 768-8138
Ward Office Fax: (773) 768-8176
ward10@cityofchicago.org

CITY COUNCIL
CITY OF CHICAGO
COUNCIL CHAMBER

City Hall - Third Floor, Room 300
121 North LaSalle Street
Chicago, Illinois 60602
Workforce Development Office: (312) 744-3078

COMMITTEE MEMBERSHIPS

CHAIRWOMAN
COMMITTEE ON WORKFORCE DEVELOPMENT

Budget and Government Operations
Committees and Rules
Education and Child Development
Ethics and Government Oversight
Finance
Health and Human Relations
Special Events, Cultural Affairs, and Recreation
Workforce Development

languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,


10th Ward Alderwoman
Susan Sadlowski Garza

DISTRICT OFFICE:
4374 S. ARCHER AVENUE
CHICAGO, IL 60632
773-236-0117
district@repaaronortiz.com



CAPITOL OFFICE:
258-W STRATTON BLDG
SPRINGFIELD, IL 62704
217-782-1117

Aarón M. Ortiz
STATE REPRESENTATIVE
1st DISTRICT

November 9th, 2021

To: Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Re: Letter of Support - Illinois Healthcare Transformation Collaborative (HTC) application

Dear Director Eagleson,

As the State Representative of the 1st District, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "Aarón Ortiz", with a stylized flourish at the end.

Aarón M. Ortiz, State Representative, 1st District of Illinois

DISTRICT OFFICE:
113 E. 95TH STREET, SUITE A
CHICAGO, ILLINOIS 60619
PHONE: 773-783-8800

SPRINGFIELD OFFICE:
288-S STRATTON BUILDING
SPRINGFIELD, ILLINOIS 62706
PHONE: 217-782-6476



NICHOLAS K. SMITH
State Representative • 34th District
Repsmith34@gmail.com

CHAIRPERSON
• Economic Opportunity & Equity
VICE CHAIRPERSON
• Appropriations: Higher Education
• International Trade & Commerce
COMMITTEES
• Energy & Environment
• Insurance
• Prescription Drug Affordability
& Accessibility

November 9, 2021

Theresa Nihill
Chief Operating Officer, Metropolitan Family Services
Member of the Behavioral Health Consortium
101 N. Wacker, 17th Floor
Chicago, IL 60606

Dear Ms. Nihill,

I am pleased to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I strongly recommend that you fund this important application. The collaborative will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Smith".

Nicholas Smith
State Representative
Illinois General Assembly – 34th District

ILLINOIS STATE SENATE



Capitol Office:

121 D Capitol Building
Springfield, Illinois 62706
217/782-9573
FAX: 217/782-5340
ejones@senatedem.ilga.gov

District Office:

507 West 111th St.
Chicago, Illinois 60628
773/995-7748
FAX: 773/995-9061
ejones@senatedem.ilga.gov

EMIL JONES, III

STATE SENATOR • 14TH DISTRICT

November 9, 2021

Committees:

Local Government – Chairperson
Licensed Activities
& Pensions – Vice Chairperson
Revenue
Financial Institutions
Senate Black Caucus
Transportation
Telecommunications
& Info Technology

Theresa Nihill
Chief Operating Officer, Metropolitan Family Services
Member of the Behavioral Health Consortium
101 N. Wacker, 17th Floor
Chicago, IL 60606

Dear Ms. Nihill,

I am pleased to share my support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I highly recommend that you fund this important application. The collaborative will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Emil Jones, III".

Emil Jones, III
State Senator – 14th District

Springfield Office:

M121 Capitol Building
Springfield, IL 62706
(217) 782-5338



District Office:

1509 E. 53rd Street, 2nd Floor
Chicago, IL 60615
(773) 363-1996

Senator Robert Peters

*Illinois State Senate
13th Legislative District*

November 9, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Ave., East
Springfield, IL 62763

Dear Theresa Eagleson,

On behalf of Metropolitan Family Services, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

Springfield Office:

M121 Capitol Building
Springfield, IL 62706
(217) 782-5338



District Office:

1509 E. 53rd Street, 2nd Floor
Chicago, IL 60615
(773) 363-1996

Senator Robert Peters

*Illinois State Senate
13th Legislative District*

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink that reads "Senator RP".

Senator Robert Peters
Illinois State Senate
13th Legislative District



November 3, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Malcolm X College, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing. This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

Malcolm X College (MXC) Health Sciences and Career Programs Department educates more than 2800 students annually in 26 programs in the healthcare industry. The Community Health Worker (CHW) program was developed in 2014 and since its launch in 2015 has trained 145+ CHWs. This one semester, 16 credit hour CHW basic certificate program, includes an 80-hour experiential learning component setting the program apart from many academic programs. Our pool of 25+ of experiential learning sites offer MXC students the opportunity to receive discipline specific training as part of an interdisciplinary team. The exposure to work of the interdisciplinary team is critical to understand scope of services healthcare practitioners provide along the continuum of care to support positive patient outcomes. Further, MXC, in alignment with its educational equity goals, is implementing a six-year, \$3.5 million grant from the Department of Education to increase the number of Black men who pursue a career in the field of healthcare. MXC is also in its second year of a \$2.1M, four-year HRSA Opioid-Impacted Family Support Program grant which is equipping CHW students with the skills and credentials to provide customized care to families impacted by opioid use inclusive of mental health support within the scope of practice of CHWs. Our academic program in this behavioral health space will support the workforce pipeline should BHC be awarded this grant.

I sincerely recommend that you fund this important that will promote transformation and resilience in future generations.

Regards,

A handwritten signature in black ink, appearing to read 'David A. Sanders', is written over the word 'Regards,'.

David A. Sanders, President Malcolm X College



EXECUTIVE DIRECTOR
Avik Das

OFFICE OF THE
JUSTICE ADVISORY COUNCIL, COOK COUNTY, ILLINOIS
69 W. WASHINGTON STREET, SUITE 1410
CHICAGO, ILLINOIS 60602
TELEPHONE 312-603-1133
FACSIMILE 312-603-9974

November 4, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the Cook County Justice Advisory Council (JAC), I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the

communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read 'Avik Das', with a stylized flourish at the end.

Avik Das
Executive Director
Cook County Justice Advisory Council



**JAMES CAPPLEMAN
ALDERMAN, 46TH WARD**

COMMITTEE MEMBERSHIPS

BUDGET AND GOVERNMENT OPERATIONS

COMMITTEE, RULES AND ETHICS

HEALTH AND ENVIRONMENTAL PROTECTION

HOUSING AND REAL ESTATE

LICENSE AND CONSUMER PROTECTION

PEDESTRIAN AND TRAFFIC SAFETY

ZONING, LANDMARKS AND BUILDING STANDARDS

November 9, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Heartland Alliance Health, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

James Cappelman
Alderman, 46th Ward

November 5, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of All Chicago - Making Homelessness History, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). All Chicago serves as the system lead for ending homelessness in Chicago. We know that housing and healthcare are inextricably linked and are excited to express support for the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. Heartland Alliance Health's role in the BHC focuses on providing primary, dental and behavioral health care to people experiencing homelessness who come into contact with the BHC. They also provide technical assistance to the other BHC members around issues related to homelessness.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds

consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,



Carolyn K. Ross
President and Chief Executive Officer
All Chicago



ILLINOIS HOUSE OF REPRESENTATIVES

GREGORY S. HARRIS

HOUSE MAJORITY LEADER

13TH DISTRICT

1967 W. MONTROSE
CHICAGO, ILLINOIS 60613
773/348-3434

300 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
217/782-3835

November 3, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Heartland Alliance Health, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.



ILLINOIS HOUSE OF REPRESENTATIVES

GREGORY S. HARRIS

HOUSE MAJORITY LEADER

13TH DISTRICT

1967 W. MONTROSE
CHICAGO, ILLINOIS 60613
773/348-3434

300 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706
217/782-3835

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Very Truly Yours,

A handwritten signature in black ink, appearing to be "G. Harris", with a stylized flourish at the end.

Greg Harris
Representative 13th District
House Majority Leader



November 3, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson:

Haymarket Center strongly supports the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC) and commits to participating in it should the project be funded. This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative will accomplish all the goals of the HTC. It is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through outreach, education, and prevention methods to prevent trauma's downstream effects. The whole collaborative model is designed to address the pressing and urgent needs for behavioral health services, linkages, and early intervention.

As part of the HTC, Haymarket Center will provide the full continuum of substance use disorder treatment and support, including outreach, withdrawal management (detoxification), residential treatment, intensive outpatient and outpatient treatment, and recovery homes. Our services also include mental health treatment and primary care on site.

One of the great strengths of the BHC HTC project is its proposed BHC Institute. This component meets the urgent need to strengthen and expand the behavioral healthcare workforce at a time when there is a workforce crisis. In this component of the project, Haymarket Center will provide the following:

- The McDermott Professional Learning Center Addiction Counselor Preparatory Training Program is a class accredited by the Illinois Certification Board (ICB) and operated by Haymarket Center. The course is designed to provide individuals with the skills and knowledge to take the required ICB examination to become a Certified Alcohol and Drug Counselor (CADC) and to prepare individuals for employment as substance use disorders (SUD) treatment counselors. It also provides counseling education and training for social

services and human resource professionals interested in SUD counseling. Students graduating from the 225-hour program fulfill the ICB educational requirements to begin the application process for a CADAC certification in the state of Illinois.

- Haymarket Center's Spring and Fall Workshop series provides education and training for behavioral health professionals that include SUD counselors, MH counselors, nurses, and other professionals. Attendees gain continuing education units towards their licensure or certifications. This year's series, for example, included 15 workshops with a total 48 CEUs provided.
- Haymarket Center has certified instructors in Mental Health First Aid and Non-violent Crisis Intervention. Both courses are nationally considered best practices and can serve as components of credentials that other BHC HTC members have developed or are developing, such as Community Health Workers.

Haymarket Center is Chicago's largest center providing treatment for mental health and substance use disorders, serving 12,000 individuals per year. Haymarket has been a member of the BHC since 2016.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings located in high need communities in the City of Chicago and suburban Cook County. The BHC believes that all people have the right to accessible and affordable, high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities they serve; (2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seek to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) build consensus and coalitions around important health issues leading to innovative solutions; and (5) serve low-income and underserved community-areas.

We urge you to fund this important collaboration, which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Sincerely,



Dan Lustig, Psy.D., CAADC, CODPPI
President and Chief Executive Officer



Cynthia Williams, President/CEO

5125 W. Chicago Ave.
Chicago, IL 60651

773 921-2121
773 378-8773 fax

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Austin Peoples Action Center, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4)

builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Cynthia Williams
President/CEO
Austin Peoples Action



UNIVERSITY OF
ILLINOIS CHICAGO

**Jane Addams College
of Social Work**

November 3, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Jane Addams College of Social Work at University of Illinois Chicago I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC. It is community informed and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seek to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) build consensus and coalitions around important health issues leading to innovative solutions; and (5) serve low-income and underserved community-areas.


Office of the Dean
Jane Addams College of Social Work
University of Illinois Chicago
1040 W. Harrison Street, 4010 ETMSW (MC 309)
Chicago, IL 60607

Phone 312.996.3219
Fax 312.996.1802
Email deanstaff@uic.edu
Web socialwork.uic.edu

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

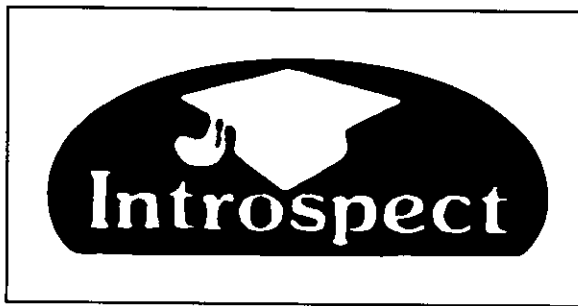
Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, reading "Creasie Finney Hairston". The signature is written in a cursive style with a large initial "C".

Creasie Finney Hairston, PhD
Dean
Jane Addams College of Social Work





"Accessing Opportunities!"

October 25, 2021

Ms. Theresa Eagleson, Director
Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 S. Grand Ave., East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Introspect Youth Services, Inc., I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since, 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential setting across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern, and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

IYS Letter to Ms. Theresa Eagleson 10272021

INTROSPECT YOUTH SERVICES, INC.

430 NORTH CICERO AVENUE • CHICAGO, ILLINOIS 60644-2004 • TELEPHONE (773) 287-2290 • TELECOPIER (773) 287-4444 • www.introspectyouthservices.org

October 25, 2021
Ms. Theresa Eagleson
Page Two

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,


Bernard Clay
Executive Director

DANNY K. DAVIS
7TH DISTRICT, ILLINOIS



COMMITTEE ON
WAYS AND MEANS

CHAIRMAN:
WORKER AND FAMILY SUPPORT

SUBCOMMITTEE:
TRADE

COMMITTEE ON
OVERSIGHT AND REFORM

SUBCOMMITTEES:
CIVIL RIGHTS AND CIVIL LIBERTIES
GOVERNMENT OPERATIONS

WASHINGTON OFFICE:
2159 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5006
(202) 225-5641 (fax)

CHICAGO OFFICE:
2813-15 W 5TH AVENUE
CHICAGO, IL 60612
(773) 533-7520
(773) 533-7530 (fax)

Congress of the United States House of Representatives

October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

Please accept this communique as a letter of support for the Illinois Healthcare Transformation Collaborative (HTC). The application led by the Behavioral Health Consortium (BHC) seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

Danny K. Davis
Member of Congress, IL-7th District

SPRINGFIELD OFFICE:
ROOM 329 CAPITOL BUILDING
SPRINGFIELD, IL 62706
217/782-8505
217/558-2068 FAX

DISTRICT OFFICE:
4415 W. HARRISON STREET
SUITE 550
HILLSIDE, IL 60126
708/632-4500
708/632-4515 FAX



KIMBERLY A. LIGHTFORD
SENATE MAJORITY LEADER
STATE SENATOR ■ 4TH DISTRICT

COMMITTEES:

ASSIGNMENTS
CHAIRPERSON
EDUCATION
EXECUTIVE
HIGHER EDUCATION
LABOR

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the Office of Illinois Senate Majority Leader, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. Please do not hesitate to reach out to my office with any additional questions. Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script that reads "Kimberly A. Lightford".

Senator Kimberly A. Lightford
Senate Majority Leader
Illinois 4th Senate District

COUNTY BUILDING
118 North Clark Street, Suite 567
Chicago, IL 60602
(312) 603-3019
(312) 603-4055 FAX
dennis.deer@cookcountyil.gov

DISTRICT OFFICE
3600 W. Ogden BLVD
Chicago, IL 60623
(773) 722-0140
(773) 722-0145 FAX
dennis.deer@cookcountyil.gov

Chairman Health and Hospitals Committee
Chairman Environment & Sustainability Committee
Chairman Human Relations Committee
Vice Chairman Cook County Health Board
Vice-Chairman FPD Finance
Vice-Chairman FPD Environment & Sustainability



DENNIS DEER

COOK COUNTY BOARD OF COMMISSIONERS
COMMISSIONER - 2ND DISTRICT

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

As Cook County Commissioner of the 2nd County District, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Dennis Deer

Dennis Deer
Cook County Commissioner - 2nd District
Cook County Board of Commissioners



EMMA M. MITTS
ALDERMAN, 37TH WARD
4924 WEST CHICAGO AVENUE
CHICAGO, ILLINOIS 60651
PHONE: 773-379-0960
FAX: 773-379-0966
E-MAIL: emitts@cityofchicago.org



CITY OF CHICAGO
CITY COUNCIL

— * —
COUNCIL CHAMBER
CITY HALL ROOM 300
121 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60602
PHONE: 312-744-3180
FAX: 312-744-1509

COMMITTEE MEMBERSHIPS
LICENSE & CONSUMER PROTECTION
(CHAIRMAN)
AVIATION
BUDGET & GOVERNMENT OPERATIONS
COMMITTEES ON COMMITTEES AND RULES
ECONOMIC, CAPITAL AND
TECHNOLOGY DEVELOPMENT
FINANCE
PUBLIC SAFETY
WORKFORCE DEVELOPMENT AND AUDIT

October 26, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

As Alderman of the 37th Ward, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "Emma Mitts". The signature is fluid and cursive, with a large initial "E" and a stylized "M".

Emma Mitts
Alderman, 37th Ward



CITY COUNCIL CITY OF CHICAGO

COUNCIL CHAMBER

CHRIS TALIAFERRO

Alderman, 29th Ward
6272 W. North Ave
Chicago, IL 60639
(773) 237-6460
(773) 237-6418 (Fax)

Ward29@cityofchicago.org

City Hall, Room 300
121 N. LaSalle Street
Chicago, IL 60602
Telephone (312) 744-8805

COMMITTEE MEMBERSHIPS

Chairman
PUBLIC SAFETY

Budget and Government Operations
Rules
Finance
Special Events, Cultural Affairs and Rec.
Workforce Development
License and Consumer Protection

October 29, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

Please be advised that I am in strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative will accomplish all the goals of the HTC. It is community informed and, once funded, will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, Western, Southern, and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago. Thank you for your consideration in this matter. If you have any questions regarding this matter, please feel free to contact me at (773) 237-6460.

Sincerely,

Chris Taliaferro
29th Ward Alderman



October 31, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Austin Coming Together, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Darnell Shields, Jr.'.

Darnell Shields, Jr.
Executive Director
Austin Coming Together

UNITY • COMMITMENT • TRANSPARENCY • COLLABORATION • ACTION

5049 W. Harrison Street, Chicago, Illinois 60644

773.417.8601 | ACT@AustinComingTogether.org | AustinComingTogether.org



October 29, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson:

On behalf of Westside Collaborative Project, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.



Page 2

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

DocuSigned by:

Patricia Booker Easley

F36B7BB4C48F4F7...

Patricia Booker Easley, Ed.D.

Westside Collaborative Project Director



Chicago Westside Branch | 5820 West Chicago Ave, Chicago IL 60651 | 773-261-5890 |

Vera G. Davis
Chairman

Karl A. Brinson
President



October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the **Chicago Westside Branch of the NAACP**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; and (4) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

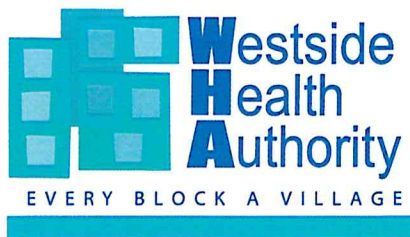
Regards,

Karl A. Brinson, President
Chicago Westside Branch of the NAACP

5820 West Chicago Avenue, Suite #1 | Chicago, Illinois 60651 | Phone (773) 261-5890 | Fax (773) 261-5893 |

Email: info@cwbnacp.org

A Member of the NAACP Metropolitan Council



October 27, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson:

On behalf of Westside Health Authority, I would like to provide Westside Health Authority's community support for the Behavioral Health Consortium (BHC) as they apply for Illinois Healthcare Transformation Collaborative (HTC). BHC seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the BHC collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing for vulnerable populations in under-resourced areas.

The BHC collaborative accomplishes all the goals of the HTC, is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of limited access and trauma in Chicago and Cook County through utilizing outreach, education, and preventative methods to address trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high-need communities located Chicago and Cook County areas. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations of the BHC (1) provide quality health care that improves the well-being of the communities they serve; (2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seek to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) build consensus and coalitions around important health issues leading to innovative solutions; and (5) serve low-income and underserved community-areas.

I recommend that you fund the BHC application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration of the Behavioral Health Consortium's application.

With sincere regards,

Morris Reed, ESQ
CEO
Westside Health Authority

BRIGHT LEADERSHIP INSTITUTE

October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Bright Leadership Institute**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,



Vera G. Davis
President



October 27, 2021

(P) 773-473-7870
(F) 773-473-7871

4950 W. Thomas St.
Chicago, IL 60651
bethelnewlife.org

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Bethel new Life, Inc., I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Sharif Walker
President/CEO
Bethel New Life, Inc.



Great True Vine Missionary Baptist Church

5936 West Division Street • Chicago, Illinois 60651

Rev. John E. Collins, Pastor

Phone: 773.626.3542

E-mail: gtvmbc@yahoo.com

Fax: 773.626.3250

October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Great True Vine MB Church I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application, which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

John E. Collins Sr.

John E. Collins Sr./Pastor

Great True Vine MB Church



Discover the Leader in You!

October 29, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the **Leaders Network**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Regards,
David Cherry
President
Leaders Network

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Project Exploration, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,



Natasha Smith-Walker
Executive Director, Project Exploration

312-273-4026



www.projectexploration.org



@ProjExplore





**South Austin
Neighborhood
Association,
SANA
2015-2021**

**5430 West Monroe
Suite B**

Chicago, IL 60644

773.234.1060

773 759-5173

www.ourSANA.org

Facebook.com/oursana

Email:

ourSANA2015@gmail.com

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director, Eagleson,

On behalf of South Austin Neighborhood Association, I would like to share my strong support for the Habilitative Systems, Inc., application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HSI, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention in some of our struggling communities.

For several years, Habilitative Services, Inc., has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. HSI, believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the wellbeing of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Cassandra Norman
President
South Austin Neighborhood Association




October 27, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,


On behalf of Chicago Austin Youth Travel Adventures, Inc. NFP, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

 (773) 706.2103

 info@catchtheworld.org

 www.caytaworld.org

 5940 W. Chicago AVE. STE. B
CHICAGO, IL 60651

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations

- (1) provide quality health care that improves the well-being of the communities it serves;
- (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are
- (3) responsive to diverse cultural beliefs and practices, preferred languages, and health literacy;
- (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in
- (5) their own health care;
- (4) builds consensus and coalitions around important health issues leading to
- (6) innovative solutions; and
- (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,


Crystal Y Dyer

Chicago Austin Youth Travel Adventures, NFP

CHICAGO
Austin Youth
Travel Adventures





REVEREND STEVE M. EPTING, PASTOR

5900 WEST IOWA
CHICAGO, IL 60651

OFFICE (773) 921-2243
FAX: (773) 921-8824

WWW.THEHOPECITY.ORG



REV. STEVE M. EPTING
SENIOR PASTOR

CLOYD NORWOOD
SENIOR CITIZEN PASTOR



LA TRICE PERRY-HAMPTON
ADMINISTRATOR

JOHNNY NORWOOD
PROPERTY MANAGER

RONNIE PORTEE
SENIOR DEACON

ALICIA WHEELER
FINANCIAL MANAGER

BERNIECE PORTER
EVANGELISM MANAGER

GWENDOLYN BARNARD
LATONIA JACKSON
REV. DAVID LEWIS
YOUTH MANAGERS

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Hope Community Church, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Rev. Steve M. Epting, Sr.
Senior Pastor
Hope Community Church

COLLEGE MENTORING EXPERIENCE

collegementoringexperience.org



Monday November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of College Mentoring Experience, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,


Darion Hills
Program Director
College Mentoring Experience

COLLEGE MENTORING EXPERIENCE

EXPERIENCE · EXPOSURE · EDUCATION

P.O Box 440172 Chicago, Illinois 60644

o: 312.414.1418 t: 312.953.2634 e: info@collegementoringexperience.org w: collegementoringexperience.org



WALTER BURNETT, JR.

ALDERMAN, 27TH WARD
4 N. WESTERN AVENUE, 1C
CHICAGO, ILLINOIS 60612
TELEPHONE: 312-432-1995
FAX: 312-432-1049
E-MAIL: wburnett@cityofchicago.org

CITY COUNCIL CITY OF CHICAGO COUNCIL CHAMBER

CITY HALL, ROOM 300
121 NORTH LA SALLE STREET
CHICAGO, ILLINOIS 60602
TELEPHONE: 312-744-6124
FAX: 312-742-8489

COMMITTEE MEMBERSHIPS

COMMITTEE ON PEDESTRIAN AND TRAFFIC SAFETY
(CHAIRMAN)
COMMITTEE ON HOUSING & REAL ESTATE
(VICE-CHAIRMAN)
CHOOSE CHICAGO
COMMITTEE ON AVIATION
COMMITTEE ON BUDGET & GOVERNMENT OPERATIONS
COMMITTEE ON RULES
COMMITTEE ON CONTRACT OVERSIGHT & EQUITY
COMMITTEE ON ECONOMIC, CAPITAL,
AND TECHNOLOGY DEVELOPMENT
COMMITTEE ON FINANCE
COMMITTEE ON WORKFORCE DEVELOPMENT
COMMITTEE ON ZONING, LANDMARKS,
AND BUILDING STANDARDS

November 3, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **27th Ward**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in cursive script, appearing to read "Walt Burnett Jr.", with a long horizontal flourish extending to the right.

Walter Burnett jr
Alderman, 27th Ward

November 8, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Community Counseling Centers of Chicago (C4)**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in blue ink, appearing to read "Matt Q. Martin", with a stylized flourish at the end.

Matthew Martin
47th Ward Alderman

SPRINGFIELD OFFICE:
271-S STRATTON BUILDING
SPRINGFIELD, IL 62706
PHONE 217-782-6592



DISTRICT OFFICE:
5533 NORTH BROADWAY
CHICAGO, ILLINOIS 60640
PHONE 773-784-2002
FAX 773-784-2060

ILLINOIS STATE REPRESENTATIVE
KELLY CASSIDY
14TH DISTRICT

November 8, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Community Counseling Centers of Chicago (C4), I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions

around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration

Sincerely,

A handwritten signature in black ink, reading "Kelly Cassidy". The signature is written in a cursive, flowing style with a large initial "K".

Kelly Cassidy
IL State Representative, 14th District

Springfield Office
240-W Stratton Building
Springfield, IL, 62706
(217) 782-8062



District Office
3223 N. Sheffield Ave, Suite A
Chicago, IL 60657
(773) 348-8974

Margaret Croke
STATE REPRESENTATIVE • 12th DISTRICT

11/8/21

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Community Counseling Centers of Chicago (C4), I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Margaret Croke". The signature is fluid and cursive, with the first name "Margaret" written in a larger, more prominent script than the last name "Croke".

Margaret Croke
State Representative, Illinois 12th District



M106 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
217-557-0523

SENATOR SARA FEIGENHOLTZ
STATE OF ILLINOIS

3223 N. SHEFFIELD AVE. SUITE. A
CHICAGO, ILLINOIS 60657
773-296-4141

November 8, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Community Counseling Centers of Chicago (C4), I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.



M106 STATE CAPITOL
SPRINGFIELD, ILLINOIS 62706
217-557-0523

SENATOR SARA FEIGENHOLTZ
STATE OF ILLINOIS

3223 N. SHEFFIELD AVE. SUITE. A
CHICAGO, ILLINOIS 60657
773-296-4141

I sincerely recommend that funding for this important application is granted, which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Very truly yours,

A handwritten signature in black ink that reads "Sara Feigenholtz". The signature is written in a cursive style with a large, stylized "S" and "F".

State Senator, 6th District

ILLINOIS STATE SENATE

SPRINGFIELD OFFICE:
ROOM M115
STATE CAPITOL BUILDING
SPRINGFIELD, ILLINOIS 62706
PHONE: 217/782-8492

DISTRICT OFFICE:
5533 NORTH BROADWAY
CHICAGO, ILLINOIS 60640
PHONE: 773/769-1717



MIKE SIMMONS

SENATOR • 7TH DISTRICT

COMMITTEE MEMBERSHIP:

APPROPRIATIONS - HEALTH
BEHAVIORAL AND MENTAL HEALTH
HEALTHCARE ACCESS AND
AVAILABILITY (VICE-CHAIR)
TOURISM AND HOSPITALITY
TRANSPORTATION

November 9th, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Community Counseling Centers of Chicago (C4)**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.
Regards,

A handwritten signature in cursive script, appearing to read "Mike Simmons".

Senator Mike Simmons
Illinois Senate, 7th District



City Council

City Hall – Room 200
121 North La Salle Street
Chicago, Illinois 60602

JASON C. ERVIN

City of Chicago

Alderman, 28th Ward
2622 W. Jackson Boulevard, Suite 200A
Chicago, Illinois 60612
Telephone: (773) 533-0900
Fax: (773) 522-9842
Jason.Ervin@CityOfChicago.org
www.AldermanErvin.com

November 2, 2021

Committee Memberships

Aldermanic Black Caucus, Chairman

Budget & Government Operations

Contracting Oversight & Equity, Chairman

Finance

License & Consumer Protection

Public Safety

Workforce Development, Vice Chairman

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building - 201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson:

Please accept this letter as a strong show of support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. Thank you for your consideration.

Sincerely,

Jason C. Ervin
Alderman, 28th Ward

"Standing Tall for the 28th Ward"



Breakthrough partners with those affected by poverty to build connections, develop skills, and open doors of opportunity.

Nov 9, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Breakthrough, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

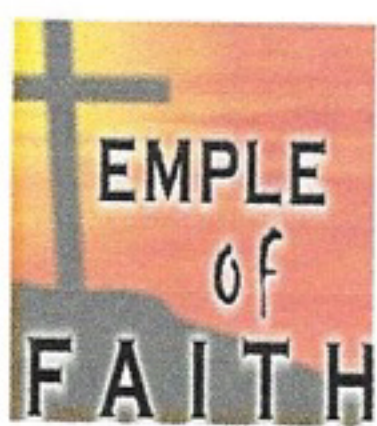
Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Executive Director
Breakthrough



Temple of Faith M.B. Church

5859 West Fullerton Ave. Chicago, Illinois 60639 (773) 682-6045

Percy Z. Giles, Pastor

11/09/2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Temple of Faith M.B. Church, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education, and prevention to facilitate community healing.

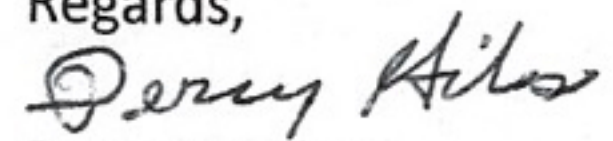
This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in cursive script, appearing to read "Percy Z. Giles".

Percy Z. Giles

Pastor, Temple of Faith M.B. Church

West Austin P3
4920 W. Madison
Chicago, IL 60644
773-344-7351
P3westaustiin4920@gmail.com
www.westaustinp3.com



Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Bobby E Wright Behavioral Health Center, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.


Our organization shares a similar passion with BHC, wanting to help families move from trauma to triumph. While our organization primarily focuses on children, BHC provides a much needed approach to healthy productive living. Through its outpatient and community-based services, BHC is an integral part in improving at-risk communities, one person at a time. Providing behavioral services in an unbiased and judgement free environment allows individuals the ability to receive much needed assistance with both confidence and integrity.

With our communities experiencing the traumatic effects of COVID, now more than ever we need organizations like BHC to not only survive but also strive to become productive members of society. Without organizations like BHC, our communities will fall into a spirit of defeat and self-destruction. Black on Black crime, high incarceration rates and government dependent residents will be the continued norm.

I strongly advocate that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote a better future for our generations to come.

Thank you for your continued support for a much needed undertaking.

Regards,


Tonja Brown,
Program Director
P3 West Austin PTSD Preschool Program

SPRINGFIELD OFFICE:
ROOM 300, STATE HOUSE
SPRINGFIELD, ILLINOIS
217-782-5350



ILLINOIS HOUSE OF REPRESENTATIVES
EMANUEL "CHRIS" WELCH
SPEAKER

DISTRICT OFFICE:
10055 W. ROOSEVELT RD. STE E
WESTCHESTER, IL 60154

November 1, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson:

On behalf of the 7th House District, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Warmest regards,

A handwritten signature in dark ink, reading "Emanuel P. Welch". The signature is written in a cursive style with a large, stylized 'E' and 'W'.

Emanuel "Chris" Welch
State Representative, 7th District
Speaker of the Illinois House

SAINT LEONARD'S MINISTRIES

November 11, 2021

2100 W. Warren Blvd.
Chicago, IL 60612
T.312 738 1414
slministries.org

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Saint Leonard's Ministries, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,


Ivory Snow
Chief Administrative Officer
Saint Leonard's Ministries
2120 W. Warren Blvd.
Chicago IL. 60612
312-894-7975

COUNTY BUILDING
118 N. Clark Street
Room 567
Chicago, IL 60602

DISTRICT OFFICE
6614 W. North Avenue
Chicago, IL 60707

(312) 603-4566
(312) 603-3696 FAX

Brandon.Johnson@cookcountyil.gov



BRANDON JOHNSON
COMMISSIONER – 1ST DISTRICT
COOK COUNTY BOARD OF COMMISSIONERS

October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the 1st District of Cook County, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC; it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high-quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the

well-being of the communities it serves; (2) embrace the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seek to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) build consensus and coalitions around important health issues leading to innovative solutions; and (5) serve low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Regards,

A handwritten signature in black ink, appearing to read 'B. Johnson', with a long horizontal line extending to the right.

Brandon Johnson
Cook County Commissioner District 1
6614 W. North Avenue
Chicago, IL 60707
312-603-4566

November 9, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Chicago Recovering Communities Coalition, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

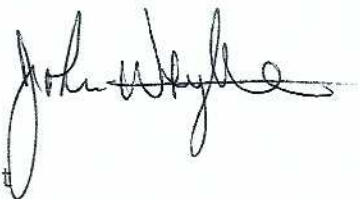
This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

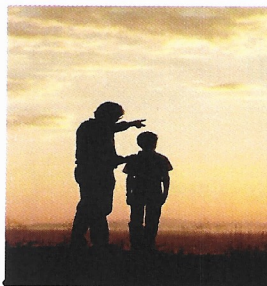
I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,



John Wright
Director of Programs
Chicago Recovering Communities Coalition



Fathers Who Care.US

*Promoting Responsible Fatherhood, Mentoring
Future Leaders and Community Organizing*

4540 West Washington, Blvd.

Chicago, Illinois 60624

Office (773) 287-5821

Fax (773) 287-5853

Website: www.fatherswhocare.org

Email: westsidecommunitystakeholders@gmail.com

Executive Board of Directors

Larry Williams

President

Samuel Griffin

Vice-President

Alex Roseborough

2nd Vice President

Gloria Trull

Secretary

Ebony Russell

Treasury

Carl Evans

Sergeant of Arms

Walter A. Jones

Executive Director

Rhonda Chester

Program Director

Advisory Board

Rev. Andre Hinton

Rev. Marshall Hatch

Atty Barbara Richardson

Patricia Johnson

Dr. Karen Ahmed

Vernisha Jones, Youth Council

President

Honorary Board Members

Cong. Danny K. Davis

Sen. Kimberly Lightford

Sen. Don Harmon

Rep. La Shawn Ford

Rep. Camille Lilly

Sen. Patricia Van Pelt

Comm. Brandon Johnsons

Ald. Jason Ervin

Ald. Chris Taliaferro

October 29, 2021

Theresa Eagleson, MSN

Director, Illinois Department of Healthcare and Family Services

Prescott Bloom Building

201 South Grand Avenue, East

Springfield, IL 62763

Dear Director Eagleson,

On behalf of Fathers Who Care, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing. This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention. Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. Thank you for your consideration.

In His Service,

Rev. Walter Jones
Executive Director



October 29, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the Garfield Park Rite To Wellness Collaborative, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Theodore J. Crawford
Executive Director
Garfield Park Rite To Wellness Collaborative



INNER VOICE

A VOICE FOR SELF-RELIANCE

November 6, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Board of Directors

Sean Harden
Chair

Jacqueline Edens
CEO

Jose Sifuentes
Treasurer

Joel Simon
Secretary

Jeffrey Lewelling
Director

Julie Wilen
Director

Robert Ziemba
Director

Dear Director Eagleson,

On behalf of **Inner Voice**, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations. Thank you for your consideration.

Regards,


Diana Mitchell
Chief Program Operator
Inner Voice



October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the Garfield Park Community Council, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in blue ink, appearing to read 'Mike Tomas', with a long horizontal flourish extending to the right.

Mike Tomas
Executive Director

NEW LANDMARK

HELPING PEOPLE **WIN** IN LIFE

November 10, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of New Landmark MB Church, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Pastor Cy M. Fields

Pastor & Teacher





North Lawndale Employment Network

Creating a Community That Works

BOARD OF DIRECTORS

Officers

President

Dr. Michael A McAfee
PolicyLink

Vice President

Sarah M Bernstein
*Barack, Ferrazzano, Kirschbaum
& Nagelberg LLP*

Secretary

Gregory Faulkner
Trice Construction Company

Treasurer

Alaina Anderson
William Blair & Company

Finance Chair

Dave Davenport
MotherG

Directors

Chris Conley
Two Bit Ventures

Daniel O. Ash
The Chicago Community Trust

Anthony Scott
Wintrust Bank - Near West

Cheryl Bendtsen
Allstate Insurance Company

Tiana Conley
Kellogg's

Michael Kramer, Advisor
The Boeing Company

Brenda Palms Barber
President & CEO
*North Lawndale
Employment Network
CEO, Sweet Beginnings, LLC*

**Workforce Development,
Skills Training Center and
Sweet Beginnings, LLC**

3726 West Flournoy St.
Chicago, IL 60624

**Employment Resource,
Financial Opportunity Center
and Executive Office**

Nichols Tower
906 South Homan Ave.
Chicago, IL 60624

November 1, 2021

Theresa Eagleson, MSN

Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of North Lawndale Employment Network, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

773.638.1825

nlen.org | beelovebuzz.com

Thank you for your consideration.

Regards,

A handwritten signature in black ink, appearing to read "Brenda Palms Barber", followed by a long horizontal line extending to the right.

Brenda Palms Barber

President & CEO

North Lawndale Employment Network

CAPITOL OFFICE
247-E STRATTON
BUILDING
SPRINGFIELD, IL 62706
217.782.5962 OFFICE
217.557.4502 FAX
Repford@lashawnford.com



La Shawn K. Ford
State Representative
8th District

October 28, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Bobby E. Wright, CBHC Inc., I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

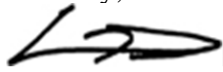
This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'LSK', with a stylized flourish at the end.

La Shawn K. Ford
State Representative--Eighth District



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

November 15, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of Chicago Department of Public Health, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, reading "Allison Arwady, MD".

Allison Arwady, MD
Commissioner



Law Office of the
COOK COUNTY PUBLIC DEFENDER

69 W WASHINGTON • 16TH FLOOR • CHICAGO, IL 60602 • (312) 603-0600

Sharone R. Mitchell, Jr. • Public Defender

November 18, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of the Law Office of the Cook County Public Defender, I would like to share my strong support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes all the goals of the HTC, it is community informed, and once funded will maintain community input and engagement. This initiative addresses the effects of systemic racism and trauma in Chicago and Cook County through utilizing outreach, education, and prevention methods to prevent trauma's downstream effects. There is no question that this collaborative model will address the known pressing and urgent needs for behavioral health services, linkages, and early intervention.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness. Member organizations (1) provide quality health care that improves the well-being of the communities it serves; (2) embraces the unique needs of specific communities and cultures through effective and equitable quality care and services that are responsive to diverse cultural beliefs and practices, preferred languages, and health literacy; (3) seeks to eliminate racial, linguistic, and ethnic health disparities and empower individuals and families to participate in their own health care; (4) builds consensus and coalitions around important health issues leading to innovative solutions; and (5) serves low-income and underserved community-areas.

I sincerely recommend that you fund this important application which will engage our high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

Era Lauder milk
Chief of Staff



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Robert Currie
Raul Garza
Ada Mary Gugenheim
Joseph M. Harrington
Karen E. Kim, MD, MS

Mike Koetting
David Ernesto Munar
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

November 11, 2021

Theresa Eagleson, MSN
Director, Illinois Department of Healthcare and Family Services
Prescott Bloom Building
201 South Grand Avenue, East
Springfield, IL 62763

Dear Director Eagleson,

On behalf of **Cook County Health/CountyCare Health Plan**, I would like to share my support for the Illinois Healthcare Transformation Collaborative (HTC) application led by the Behavioral Health Consortium (BHC). This application seeks to create the **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative**. The core elements proposed by the collaborative include implementing a neighborhood-based approach to provide outreach, education and prevention to facilitate community healing.

This collaborative accomplishes the goals of the HTC by addressing the effects of systemic racism and trauma in Chicago and Cook County through outreach, education, and prevention to prevent trauma's downstream effects. The **Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative** extends well beyond the traditional Medicaid covered service model seeking upstream opportunities to meet the pressing and urgent behavioral health needs of Cook County and surrounding communities. Its Training Institute addresses the emerging crisis of behavioral health workforce shortage, which will improve both access to care as well as opportunities for the communities to meet these needs through career development pathways.

Since 2015, the BHC has provided individuals access to a robust continuum of outpatient, community-based, and residential settings across a wide geographic area located in high need communities including the City of Chicago, as well as Western, Southern and Northern Cook County. The BHC has worked closely with Cook County Health and CountyCare Health Plan for many years, most notably providing prompt access to care across all their agencies and sites, through direct scheduling via Cook County Health's Behavioral Health Access Line (BHAL). The BHC believes that all people have the right to accessible and affordable high quality behavioral health care that prevents illness and promotes wellness, which is what

fuels this collaborative model. Beyond providing high quality and culturally competent and accessible care within low-income and underserved community-areas, the BHC has taken great efforts to build consensus and coalitions leading to innovative solutions.

I recommend that you fund this important application which will launch interventions not currently available to most Medicaid recipients. Chicago-Cook Behavioral Health Neighborhood Community Response Collaborative will engage high-risk communities in Chicago and Suburban Cook County in a healing process that will promote transformation and resilience in future generations.

Thank you for your consideration.

Regards,

A handwritten signature in blue ink, appearing to read 'A. Galeener', with a stylized flourish at the end.

Aaron Galeener
Interim Chief Executive Officer
CountyCare Health Plan